PRINTED: 04/26/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
		495394	B. WING		C 03/15/2018
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 03/13/2010
THE LAUR	RELS OF BON AIR			9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE COMPLETION
F 000	standard survey was	dicare/Medicaid abbreviated conducted 3/13/18 through were investigated during the	FO	00	
	3/15/18. Complaints were investigated during the survey. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The census in this 124 certified bed facility was 116 at the time of the survey. The survey sample consisted of 7 current Resident reviews (Residents #1 through #4, and #9-#11) and 4 closed record reviews (Residents #5 through #8). F 558 Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3)				
			F 5	58	4/25/18
	services in the facility accommodation of respresences except wendanger the health cother residents.	sident needs and			
	Based on observation interview, facility document record review, it was staff failed to provide	n, resident interview, staff iment review and clinical determined that the facility accommodation of resident en residents in the survey		The Laurels of Bon Air wishes to this submitted plan of correction s its allegation of compliance. Our alleged compliance is April 25, 20 Preparation and/or execution of the of correction does not constitute	tand as date of 18.
	call bell (a device with	hen assistance is needed)		admission to, nor agreement with, the existence of or the scope and of any of the cited deficiencies, or conclusions set forth in the statem deficiencies. This plan is prepare executed to ensure continuing cor with regulatory requirements.	nent of d and/or
ABORATORY (SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that

other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Electronically Signed

04/05/2018

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495394	B. WING		C 03/15/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235	03/13/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION
F 558	4/2/08. Resident #10 were not limited to re pressure and a fracture Resident #10's most set), a quarterly asse (assessment reference resident's cognition a Section G coded Resextensive assistance mobility. On 3/13/18 at 12:11 pobserved lying in bedielevated. The reside floor and was not with When asked if she concentrated." On 3/14/18 at 11:13 a conducted with CNA #5. CNA #5 was ask be placed in relation if a resident is in the libe within reach, prefective CNA #5 stated if a recall bell should be attended to pull the call bell. On 3/14/18 at 11:25 a wheelchair approximates ident's nightstand. behind the resident a	mitted to the facility on D's diagnoses included but spiratory failure, high blood ared right femur (1). recent MDS (minimum data assment with an ARD ce date) of 1/8/18, coded the is moderately impaired. Sident #10 as requiring of one person with bed D.m., Resident #10 was at with the head of the bed in the resident's reach. Sould reach the call bell, "I don't think so. I haven't was (certified nursing assistant) ed where call bells should to residents. CNA #5 stated bed then the call bell should to resident with the chair then the cached to the resident's the resident does not go too I out of the wall. a.m., Resident #10 was in a cately three feet in front of the call bell was not was lying across the top and. The call bell was not	F 558	F558 Resident#10 suffered no adverse eff and did not require transfer to a high level of care. A quality review of current residents bells has been performed and found in reach of all residents. Licensed Nursing Staff re-educated DON/designee regarding ensuring council bells are in reach for use by resident DON/designee during morning opera meeting will conduct quality monitoriensure call bells are in reach weekd for 2 weeks, then weekly for 2 weeks Additional monitoring will be provided during routine facility rounds. Findings to be communicated to the committee monthly and as indicated Quality monitoring schedules will be modified based on findings. Addition corrective action or education will be provided as needed.	er call to be by all s. ational ng to ays s. d

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					(С
	495394	B. WING			03/	15/2018
NAME OF PROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
THE LAURELS OF BON AIR			91	01 BON AIR CROSSINGS DRIVE		
THE EAGREES OF BON AIR			В	ON AIR, VA 23235		
PREFIX (EACH DEFICIENCE	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
8/1/17 failed to document the call bell. On 3/14/18 at 5:07 pstaff member) #1 (the director of nursing quality assurance manager) was above findings. The facility policy tithe documented, "7. Whe place the call light with the call light with the call light with the place the call light with the place the call light with the call the call light with the place the call light with the residual with the residual with the residual with the consistent with his or representative (s) where (A) An accident invorted the call light with the residual physician intervention (B) A significant chall mental, or psychosodeterioration in healt status in either life-the clinical complications.	ment information regarding .m., ASM (administrative e administrator), ASM #2 ng), ASM #3 (the regional anager) and ASM #4 (the ere made aware of the ed, "CALL LIGHT" en leaving the room always thin the guest's reach" In was presented prior to exit. I known as the thighbone. I obtained from the website: I ov/ency/patientinstructions/0 Injury/Decline/Room, etc.) A)(i)-(iv)(15) Cation of Changes. I nediately inform the resident; I tent's physician; and notify, or her authority, the resident en there isving the resident which has the potential for requiring an; I nege in the resident's physical, cial status (that is, a h, mental, or psychosocial areatening conditions or		558			4/25/18

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		495394	B. WING		C 03/15/2018	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235	03/13/2016	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	
F 580	a need to discontinu treatment due to advommence a new fo (D) A decision to trainesident from the fact §483.15(c)(1)(ii). (ii) When making no (14)(i) of this section all pertinent informatis available and proxiphysician. (iii) The facility must resident and the resiwhen there is—(A) A change in roomas specified in §483. (B) A change in resident and the section (iv) The facility must update the address phone number of the representative(s). §483.10(g)(15) Admission to a computation is a composite of \$483.10 (g)(15) Admission to a computation is physical configurations that compropert, and must specific room changes between the section of the course of the course of was determined that	e an existing form of verse consequences, or to rm of treatment); or insfer or discharge the cility as specified in stification under paragraph (g) in the facility must ensure that the facility in the facility in the facility in the facility ensurement ensur	F 58	F580 Resident #7 no longer resides in the facility and did not require transfer to higher level of care during his stay.	a	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	,		STREET ADDRESS, CITY, STATE, ZIP CODE 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235	1 00/10/2010	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION	
F 580	Continued From pag	ge 4 one of 11 residents in the	F 58	80		
	The facility staff faile scheduled medication and or available for a # 7's admission to the The findings include Resident # 7 was addiagnoses that inclusepsis (1), intracranicatery disease (3), Phypertension (6), hyphyperlipidemia (9), a Resident # 7's most set), a 5 (five) - day (assessment referent Resident # 7 as sconicterview for mental (zero) - 15, 14 being daily decisions. Resident # 7 activities living) and supervision The POS (physician 12/08/17 for Resident 12.08/17 for	dent # 7. Ind to notify the physician of ons not being administered administration upon Resident the facility. Inditted on 12/08/17 with ded but were not limited to: all hemorrhage (2), coronary arkinson's (4), dementia (5) pokalemia (7), hypoxia (8), and anemia (10). Inditted on 12/15/187 coded in a 14 on the brief status (BIMS) of a score of 0 cognitively intact for making sident # 7 was coded as assistance of one staff is for ADLs (activities of daily on with eating. It's order sheet) dated and # 7 documented, "ACTIVE 10/17" Further review of the		All new admissions have the potent affected by this practice, all new admissions from the last 30 days ar receiving their medication as ordered. Licensed Nurses will be educated by DON/designee regarding notifying the physician if medication is not available upon admission. Licensed nursing swill also be educated by DON/designee on Omnicell use for medication availant and stat run/back up pharmacy. DON/designee during morning clinic meeting will conduct quality monitor medication availability on new admit weekdays x4 weeks, and routinely thereafter. Additional corrective act education will be provided as needed. Findings to be communicated to the committee monthly and as indicated Quality monitoring schedules will be modified based on findings.	re ed. yy he ble staff inee ilability cal ring of ssions ion or ed. e QAPI	
	- "Nuplazid (13) 17 TWO TAB (tablet) or	MG (milligrams) TABLET ral once per day (9:00 am) arkinson's disease noted on range (Name of Nurse)."				

	OF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495394	B. WING				C 15/2018	
	ROVIDER OR SUPPLIER			9	STREET ADDRESS, CITY, STATE, ZIP CODE 1101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235	1 03/	19/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 580	ONE TAB (tablet) ora daily (9:00 am., 2:00 noted on 12/08/17 8: - "Primidone (12) 50 three times a daily tal (9:00 a.m., 1:00 pm, 8:38 pm by (Name of - "Rytary (14) 48.75 TWO CAPS (capsule bedtime (7:30 am, 11 Parkinson's noted on of Nurse)." - "Sertraline (15) HC TABLET. ONE AND per day (9:00 am) de 8:44" pm by (Name of - "Tamsulosin (16) HC CAP oral once per day (9:00 am) de 8:45" pm by (Name of - "Tamsulosin (16) HC CAP oral once per day (9:00 am) for disease Start 12/08/10 of the eMAR for nupla [licensed practical nu 12/09/17 at 9:00 a.m. initials. The eMAR noted in the emater of the emater	2.5 MG (milligrams) TABLET I (by mouth) three times a pm, 9:00 pm) Parkinson's 37 pm by (Name of Nurse)." MG TABLET ONE TAB ke with meals. Parkinson's 5:00 pm) noted on 12/08/17 Nurse)." MG - 195 MG CAPSULE s) before meals and at :30 am, 4:30 pm, 9:00 pm) 12/08/17 8:41 pm by (Name L (hydrochloride) 50 MG ONE HALF TAB oral one pression noted on 12/08/17 f Nurse)." CL 0.4 MG CAPSULE. TWO ay (9:00 am) bph (benign) (17) noted on 12/08/17 f Nurse)." c medication administration 17 thru 12-31-17" for inted the following: ABLET TWO TAB oral once psychosis with Parkinson's 7 8:26 pm." Further review azid documented, (LPN	F	580				

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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235		03/13/2010	
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F 580	(LPN # 8) NOT HER - "Pramipexole 0.5 ONE TAB (tablet) or daily (9:00 am., 2:00 Start 12/08/17 8:37 eMAR for pramipex initials on 12/08/17 under her initials, LI 9:00 a.m. and "(A)" initials on 12/09/17 under her initials. TI 12/01/17 thru 12/31 09:21 pm (9:21 p.m. AVAILABLE NEW A (medications) NOT (follow up) [sic] PHA (8:48 a.m.) NOT HE (4:13 p.m.) by (LPN - "Primidone 50 MC times a daily take w am, 1:00 pm, 5:00 pm (4:13 p.m.) by (LPN # a.m. and "(A)" under on 12/09/17 at 1:00 initials, LPN # 1's in with "(H)" under her dated 12/01/17 thru "12-09-17 08:48 AN NOT HERE. 12-09-(LPN # 8) NOT HERE p.m.) by (LPN # 1) are "Rytary 48.75 MG CAPS (capsules) be (7:30 am, 11:30 am	MG (milligrams) TABLET ral (by mouth) three times a 0 pm, 9:00 pm) Parkinson's pm." Further review of the ole documented LPN # 7's at 9:00 p.m. and "(H [held]) PN # 8's initials on 12/09/17 at under her initials, LPN # 1's at 2:00 p.m. with "(notes) he eMAR notes dated /17 documented, "12-08-17 .) by (LPN # 7) NOT .DMISSION. MEDS SENT AT THIS TIME F/ ARMACY. 12-09-17 08:48 AM ERE. 12/09/17 04:13 PM	F 58				

PRINTED: 04/26/2018 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

	DF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495394	B. WING			1	C 15/2018	
	ROVIDER OR SUPPLIER			9	TREET ADDRESS, CITY, STATE, ZIP CODE 101 BON AIR CROSSINGS DRIVE SON AIR, VA 23235	1 03/	19/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 580	# 8's initials on 12/09, under her initials, LPN 11:30 a.m. and "(note 1's initials on 12/09/1' with no evidence of a initials for 4:30 p.m. a notes dated 12/01/17 "12-09-17 08:49 AM (NOT HERE. 12-09-1 (LPN # 8) NOT HERE (12:41 p.m.) by (LPN - "Sertraline HCL (hy TABLET. ONE AND per day (9:00 am) de 8:44" pm." Further resertaline documented 12/09/17 at 9:00 a.m. The eMAR notes dated documented, "12-09-(LPN # 8) NOT HERE - "Tamsulosin HCL 0 CAP oral once per day prostatic hypertrophy Further review of the documented, LPN # 8 9:00 a.m. and "(H)" unotes dated 12/01/17 "12-09-17 08:49 AM (NOT HERE.	or Rytary documented, LPN (17 at 7:30 a.m., and "(note)" N # 8's initials on 12/09/17 at 10)" under her initials; LPN # 7 at 4:30 p.m. and 9:00 p.m. ny documentation under her nd 9:00 p.m. The eMAR (thru 12/31/17 documented, 8:49 a.m.) by (LPN # 8) 7 12:41 PM (12:41 p.m.) by E. 12-09-17 12:41 PM # 8) NOT HERE. drochloride) 50 MG ONE HALF TAB oral one pression Start 12/08/17 (view of the eMAR for 12/01/17 thru 12/31/17 (17 08:49 AM (8:49 a.m.) by E. 12-09-17 12:41 PM (12/31/17 thru 12/31/17 (17 08:49 AM (8:49 a.m.) by E. 12/01/17 thru 12/31/17 (17 08:49 AM (8:49 a.m.) by E. 12/08/17 (18/40 AM) (18/40 a.m.) by E. 12/08/17 (18/40 AM) (18/40 a.m.) by E. 12/08/17 (18/40 AM) (18/40 a.m.) by (18/40	F	580				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		495394	B. WING		C 03/15/2018	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235	03/13/2010	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE COMPLETION	
F 580	system by which me and are immediately # 7's pramipexole, s available in the Omradministration and F nuplazid, primidone, available. The of (Name of Pha 12/08/2017 and 12/0 documented the followard occumented the followa	dident #7 as ordered. It's "Omnicell" system (a dication are kept in the facility available) revealed Resident ertraline and tamsulosin were nicell system for Resident # 7's medications of and rytary were not Armacy)'s manifest dated 010/2017 for Resident # 7 owing: CAPULE ER (extended ped 12/9/2017. Date . 10:45 PM (p.m.)." TABLET. Date Shipped ceived 12/9/2017. 10:45 PM Date Shipped 12/9/2017. 10:45 PM Date Shipped 12/9/2017. 10:45 PM (p.m.)." Ses Notes" dated 12/08/17 led to evidence of the ceived or the physician or dent # 7's medications of mipexole, primidonerytary, osin were not available at the	F 58	30		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED			
		495394	B. WING			C
	ROVIDER OR SUPPLIER	10001		STREET ADDRESS, CITY, STATE, ZIP CODE 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235		03/15/2018
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 580	held. R is refused the by the resident for with the resident was not medication and note the eMAR with an extandard of nursing processing follow, ASM # 3 states. On 03/14/18 at 3:30 conducted with LPN regarding Resident # on his admission of was the admitting nutalized to the pharmacy and to the pharmacy and to the pharmacy to norders. When asked to the pharmacy to norders. When asked been notified when I were not available for LPN # 7 stated, "Nodepends on the med. On 03/15/18 at 7:50 conducted with LPN medications being asked to describe the physician ordered mutaliable call the pharmacy will deliver Notify the physician in available and what significant will make the maybe substitute or	eans the medication was ne medication was refused natever reason. A is absent, in the facility to receive the refers to a nurse's note on planation. When asked what bractice the facility's nurse's ed, "We follow Lippincott." p.m. and interview was (licensed practical nurse) # 7 e 7's medications be available 12/08/17. When asked if she rese for Resident # 7 on ated, "Yes." When asked to ure for having medications ident is admitted to the ed, "I fax the doctor's orders follow it up with a phone call hake sure they got the lif the physician should have resident # 7's medications r administration as ordered, On a new admission and it ications." a.m. an interview was # 1 regarding Resident # 7's vailable on 12/09/17. When reprocess staff follows when redications are not available k in the Omnicell and if not armacy. Usually the rethem in a couple of hours. The medications were not	F 5	80		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF D	ROVIDER OR SUPPLIER	40004	1	_	STREET ADDRESS, CITY, STATE, ZIP CODE	03/	15/2018
NAME OF T	KOVIDER OR OUT FEEL				9101 BON AIR CROSSINGS DRIVE		
THE LAUF	RELS OF BON AIR				BON AIR, VA 23235		
	OUR MAR DV OT	ATEMENT OF REFIGIENCIES					
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION S		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE		
F 580	asked to review the e 12/31/17 and the nurs through 12/61/17, for if the physician was n medications were not to Resident #7 as ord stated no. On 03/15/18 at 8:15 a was conducted with L #7's medications not 12/09/17. When asket Letters) during the 7:0 documented on the e 12/09/17, were hers, When asked to describe the physician order available LPN # 8 stapharmacy and the ph where physician notifinot being available for documented, LPN # 8 When informed there evidencing the physic #7's medications were administration, LPN # explanation. On 03/15/18 at 1:20 p conducted with ASM member) # 2, director describe the process physician ordered me ASM # 2 stated, "Follithere is going to be a medications. They sh system for medications.	mediately." LPN # 1 was MAR dated 12/01/2017 thru se's notes dated 12/08/17 Resident # 7. When asked otified of the above available for administration ered on 12/09/17, LPN # 1 a.m. a telephone interview PN # 8 regarding Resident being available on ed if the initials (Two Capital 20 a.m. to 3:00 p.m. shift MAR for Resident # 7 dated LPN # 8 stated, "Yes." libe the process staff follows ed medications are not ted, "I would call the ysician." When asked ication of the medications radministration would be 8 stated in the nurse's notes. was no documentation cian was notified Resident e not available for 8 8 could not provide an communication of the medications are not available for the staff follows when a edications are not available, ow up with the physician if	F	580			

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		495394	B. WING _			C 03/15/2018	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235		03/13/2010	
(X4) ID PREFIX TAG			ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOU		(X5) COMPLETION DATE	
F 580	informed of the condimedications were not as documented aboreview of the eMAR 12-31-17 and the nuthru 12/16/17 did no physician or pharma comment but stated report for Resident # 12/16/17. On 03/15/18 at 4:25 nursing informed this to locate any docum reports that the physician of the medical Resident # 7. Fundamentals of Nu Wilkins 2007 page 1 "make sure you rewithholding of a drugthe prescriber." On 03/15/18 at appr (administrative staff and ASM # 2, directed aware of the above of the severe, inflammator other germs. The symmetric staff and the severe inflammator other germs. The symmetric staff and severe inflammator other germs.	24-hour report. ASM #2 was cern that Resident # 7's of available for administration we. ASM #2 was informed a dated "12-01-17 thru urse's notes dated 12/08/17 to document notification to the cy. ASM # 2 did not she would check the 24 hour from 12/08/17 through p.m. ASM # 2, director of so surveyor they were unable entation of the 24 hour sician or pharmacy were ation not being available for ursing Lippincott Williams and 85 cordany omission or gray for any reason and notify oximately 4:35 ASM member) # 1 administrator, or of nursing were made finding.	F 5	80			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER		1	9	TREET ADDRESS, CITY, STATE, ZIP CODE 101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235	1 03/	13/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 580	This information was https://medlineplus.go. (2) Bleeding in the br (rupture) of a blood v information was obtainttp://pacificschoolse 0796.htm. (3) A common type or information was obtainttps://www.nlm.nih.gorydisease.html. (4) A type of movemer information was obtainttps://www.nlm.nih.gorydisease.html. (5) A loss of brain fundiseases. It affects m judgment, and behav obtained from the we https://medlineplus.go. (6) High blood pressure obtained from the we https://www.nlm.nih.gorydisease.html. (7) Low potassium let the amount of potass than normal. This information was obtained from the we https://medlineplus.go.	eleases cause the response. obtained from the website: ov/ency/article/000666.htm. ain caused by the breaking essel in the head. This ined from the website: rver.org/med/ency/article/00 If heart disease. This ined from the website: jov/medlineplus/coronaryarte ent disorder. This ined from the website: jov/medlineplus/parkinsonsdi action that occurs with certain emory, thinking, language, ior. This information was bsite: ov/ency/article/000739.htm.	F	580				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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F 580	oxia. (9) Cholesterol is a far your body needs to we cholesterol can increase heart disease, stroke, medical term for high disorder, hyperlipident This information was https://medlineplus.go. (10) Low iron. This interest the website: https://www.nlm.nih.go. (11) Used alone or with the symptoms of Park disorder of the nervoor difficulties with mover balance), including stratiffness, slowed move balance. Pramipexole restless legs syndrom causes discomfort into move the legs, espitting or lying down), medications called do by acting in place of consustance in the brain movement. This information in the website: https://medlineplus.go. (12) Used alone or with the strain movement of the website.	t (also called a lipid) that ork properly. Too much bad ase your chance of getting and other problems. The blood cholesterol is lipid nia, or hypercholesterolemia. obtained from the website: ov/ency/article/000403.htm. formation was obtained from ov/medlineplus/anemia.html th other medications to treat kinson's disease (PD; a us system that causes ment, muscle control, and naking of parts of the body, ements, and problems with a is also used to treat the (RLS; a condition that the legs and a strong urge ecially at night and when Pramipexole is in a class of opamine agonists. It works	F	580				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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F 580	works by decreasing in the brain. This infi the website: https://medlineplus.g tml. (13) Pimavanserin is and delusions in peo Parkinson's disease nervous system that movement, muscle or Pimavanserin is in a atypical antipsychotic activity of certain nat This information was https://medlineplus.g tml. (14) Levodopa and or symptoms of Parkins Parkinson's-like symencephalitis (swelling nervous system caus poisoning or mangar symptoms, including and slowness of movor dopamine, a nature the brain. Levodopa called central nervous being converted to decarboxylase inhibit levodopa from being reaches the brain. The levodopa, which cau vomiting. This inform website:	called anticonvulsants. It abnormal electrical activity formation was obtained from gov/druginfo/meds/a682023.h sused to treat hallucinations to ple with psychosis from (PD; a disorder of the causes difficulties with control, and balance). class of medications called cs. It works by changing the cural substances in the brain. It is obtained from the website: gov/druginfo/meds/a616032.h	F	580				

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F 580	thoughts that won't g perform certain actio attacks (sudden, une fear and worry about posttraumatic stress psychological sympto frightening experience disorder (extreme feat or performing in front normal life). It is also symptoms of premer including mood swing breast tenderness. S antidepressants calle reuptake inhibitors (S increasing the amoun substance in the brait balance. This inform website: https://medlineplus.g tml. (16) Used in men to enlarged prostate (be BPH) which include of dribbling, weak streat emptying), painful un frequency and urgen of medications called relaxing the muscles so that urine can flow was obtained from the	pression, e disorder (bothersome o away and the need to ns over and over), panic expected attacks of extreme these attacks), disorder (disturbing oms that develop after a se), and social anxiety ar of interacting with others to of others that interferes with used to relieve the estrual dysphoric disorder, gs, irritability, bloating, and ertraline is in a class of ed selective serotonin SSRIs). It works by ints of serotonin, a natural in that helps maintain mental eation was obtained from the eov/druginfo/meds/a697048.h treat the symptoms of an enign prostatic hyperplasia or difficulty urinating (hesitation, m, and incomplete bladder ination, and urinary cy. Tamsulosin is in a class al alpha blockers. It works by in the prostate and bladder of easily. This information	F 58				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE COMP	SURVEY PLETED
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F 580	Continued From page	e 16	 F!	580			
	obtained from the we	state. This information was bsite: gov/medlineplus/enlargedpro					
F 657	Care Plan Timing and		F 6	657			4/25/18
SS=D	be- (i) Developed within 7 the comprehensive as (ii) Prepared by an int includes but is not lim (A) The attending phy (B) A registered nurse	ensive Care Plans prehensive care plan must 7 days after completion of ssessment. terdisciplinary team, that nited to					
	resident. (C) A nurse aide with resident.	•					
	(E) To the extent pract the resident and the resident and the rand the rand the rand their resident repart the resident repart the resident's care plan. (F) Other appropriate disciplines as determined as requested by the (iii)Reviewed and revite am after each assessments. This REQUIREMENT by:	staff or professionals in ined by the resident's needs e resident. ised by the interdisciplinary ssment, including both the			F657		
		d review and in the course of			Resident #6 no longer resides in this		

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F 657 Continued From page 17 complaint investigation, it was determined that the facility staff failed to review and revise the comprehensive care plan for one of eleven residents in the survey sample, Resident #6. The facility staff failed to review and revise Resident #6's comprehensive care plan following multiple falls in October 2017. The findings include: Resident #6 was admitted to the facility on 10/4/17. Resident #6's diagnoses included but were not limited to high blood pressure, diabetes and anxiety disorder. Resident #6's most recent		F 6	facility. A quality review of care properties for residents with falls has performed and care plant as needed. Licensed nurses re-educe DON/Designee regarding updating comprehensive following all incidents an DON/designee during meeting to conduct qualificident and accident call weekdays for 2 weeks, the weeks.	as been us were update cated by g following and care plans d accidents. orning clinical ity monitoring or	d i			
	date) of 10/11/17, coor cognitively intact. See Resident #6 sustainer months prior to that a discharged from the fine Review of Resident # investigations revealer following dates: -10/19/17 -10/26/17 -Twice on 10/28/17 -10/29/17 -Twice on 10/30/17 -10/31/17 Review of Resident # plan with an onset date re-admission care plate reveal evidence that the resident # 10/28/19 -10/29/19 -10/31/19	ction J documented d a fall in the last two to six dmission. Resident #6 facility 11/29/17. f6's clinical record and facility ed the resident fell on the		Findings will be commun QAPI committee monthly indicated. Quality monito will be modified based or Additional corrective acti will be provided as need.	y and as oring schedules n findings. ion or educatio			

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F 657	conducted with RN (MDS coordinator). Fresident's care plant fall. RN #5 stated, plans are not update admitted to the hosp will be developed wh#5 was asked if the difference at a resident is sent to the not admitted to the hosp facility. RN #5 stated not admitted to the hosp facility. RN #5 stated not admitted to the hosp facility. On 3/15/18 at 8:20 at care plans were revirously. RN #5 condocumentation to ever plan was reviewed a from 10/19/17 through she knew the staff resplan but could not professional quality assure (the regional manage above findings.	a.m., an interview was registered nurse) #5 (the RN #5 was asked if a should be updated after each Yes." RN #5 stated care and if a resident is sent out and ital because a new care plan aren the resident returns. RN care plan should be updated to the emergency room but is ospital and returns to the d, "It should get updated." as sent to the emergency and 10/29/17 but was not ital and returned to the	F 6	57		
F 658	COMPLAINT DEFIC Services Provided M	IENCY leet Professional Standards	F 6	58		4/25/18

		1		(X3) DATE SURVEY COMPLETED			
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658 Continued From page 19		F 658					
CFR(s): 483.21(b)(3	s)(i)						
§483.21(b)(3) Comp. The services provide as outlined by the comust- (i) Meet professional This REQUIREMEN by: Based on observation document review, of during the course of was determined that follow professionals of eleven residents: Residents #2 #11 and 1. The facility staff at Resident #2 against The order document only if the resident at On 12/16/17, Reside funch and insulin was 2. The facility staff faresident #11's physicapsule. 3a. The facility nursical (electronic medications that we nurse on a different staff faresident #11's that we nurse on a different staff faresidity staff faresident #11's physicapsule.	orehensive Care Plans ed or arranged by the facility, comprehensive care plan, I standards of quality. IT is not met as evidenced on, staff interview, facility inical record review, and a complaint investigation, it to the facility staff failed to standards of quality for three in the survey sample, and #7. Idministered insulin to physician order on 12/13/17. Ited to give insulin after meals atte greater than 50 percent. Item #2 ate 50 percent of her as administered. Item #3 administered. Item #4 and administered Item #4 and administered Item #4 and administered Item #5 and administered Item #6 and administration record) Item administered by another Item administere		F658 Resident #2's insulin order has been discontinued. Resident #11's order for cranberry capsules has been clarified. Resident #7 no longer resides in this facility. Resident #2, #11 and #7 did require transfer to a higher level or call and did not sustain any adverse effect. All residents receiving sliding scale insorders and cranberry capsules have the potential to be affected by this practice. Licensed nursing staff to be educated DON/Designee on following physician orders and documentation on the EM/ (electronic medication administration) quality review of physician orders for insulin, cranberry capsules and BP monitoring has been performed. DON/designee during morning clinical meeting will conduct quality monitoring insulin orders, cranberry capsule order and BP monitoring orders weekdays for weeks, then weekly for 2 weeks. Findings to be communicated to the Committee monthly and as indicated. Quality monitoring schedules will be	not re ts. sulin he e. by AR . A			
The findings include	:		modified based on findings. Additiona	al			
	ROVIDER OR SUPPLIER SUMMARY S (EACH DEFICIEN REGULATORY OF Continued From page CFR(s): 483.21(b)(3) §483.21(b)(3) Comp The services provide as outlined by the comust- (i) Meet professional This REQUIREMEN by: Based on observati document review, cl during the course of was determined that follow professionals of eleven residents is Residents #2 #11 ar 1. The facility staff a Resident #2 against The order document only if the resident a On 12/16/17, Reside lunch and insulin wa 2. The facility staff fa Resident #11's phys capsule. 3a. The facility nurse (electronic medication medications that we nurse on a different 3b The facility staff for ordered blood press # 7.	A95394 ROVIDER OR SUPPLIER RELS OF BON AIR SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 19 CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review, clinical record review, and during the course of a complaint investigation, it was determined that the facility staff failed to follow professional standards of quality for three of eleven residents in the survey sample, Residents #2 #11 and #7. 1. The facility staff administered insulin to Resident #2 against physician order on 12/13/17. The order documented to give insulin after meals only if the resident ate greater than 50 percent. On 12/16/17, Resident #2 ate 50 percent of her lunch and insulin was administered. 2. The facility staff failed to accurately transcribe Resident #11's physician order for a cranberry capsule. 3a. The facility nurse documented on the EMAR (electronic medication administration record) medications that were administered by another nurse on a different shift for Resident #7. 3b The facility staff failed to obtain physician ordered blood pressures every shift for Resident #7.	ROVIDER OR SUPPLIER RELS OF BON AIR SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 19 CFR(s): 483.21(b)(3)(i) \$483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review, clinical record review, and during the course of a complaint investigation, it was determined that the facility staff failed to follow professional standards of quality for three of eleven residents in the survey sample, Residents #2 #11 and #7. 1. The facility staff administered insulin to Resident #2 against physician order on 12/13/17. The order documented to give insulin after meals only if the resident ate greater than 50 percent. On 12/16/17, Resident #2 ate 50 percent of her lunch and insulin was administered. 2. The facility staff failed to accurately transcribe Resident #11's physician order for a cranberry capsule. 3a. The facility nurse documented on the EMAR (electronic medication administration record) medications that were administered by another nurse on a different shift for Resident # 7. 3b The facility staff failed to obtain physician ordered blood pressures every shift for Resident # 7.	RELS OF BON AIR SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICENCY MUST BE PRECEDED BY FULL REQUIRENCY MUST BE PRECEDED BY FULL REQUIRENCY MUST BE PRECEDED BY FULL REQUIRENCY OR LSC IDENTIFYING INFORMATION) S483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must. (b) Meet professional standards of quality, This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review, clinical record review, and during the course of a complaint investigation, it was determined that the facility staff failed to follow professional standards of quality for three of eleven residents in the survey sample, Residents #2 #11 and #7. 1. The facility staff administered insulin to Resident #2 against physician order on 12/13/17. The order documented to give insulin after meals only if the resident ate greater than 50 percent. On 12/16/17, Resident #2 ate 50 percent of her lunch and insulin was administered. 2. The facility staff failed to accurately transcribe Resident #11's physician order for a cranberry capsule. 3. The facility staff failed to accurately transcribe Resident #11's physician order for a cranberry capsule and BP monitoring has been performed. DON/Designee on following physician orders and documentation on the EM. (electronic medication administration record) medications that were administered by another nurse on a different shift for Resident # 7. 3. The facility staff failed to obtain physician ordered blood pressures every shift for Resident # 7. 3. The facility staff failed to obtain physician ordered blood pressures every shift for Resident # 7. 3. The facility staff failed to obtain physician ordered blood pressures every shift for Resident # 7. 3. The facility staff failed to obtain physician ordered blood pressures every shift for Resident # 7. 3. The facility staff failed to obtain physician ordered blood pressures every shift for Resident # 7.			

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F 658	The order documented only if the resident at On 12/16/17, Reside lunch and insulin was Resident #2 was adn 6/24/09 and readmitt diagnoses included blood pressure, diabout Resident #2's most reset), an annual asses (assessment referenthe resident's cognition. Review of Resident #2 physician's order dat documented an orde be given based on a amount of insulin givelood sugar). The or "give after meals only Review of Resident #2/13/17 revealed the Review of Resident #2/13/17 revealed the Review of Resident #2 (electronic medication revealed that on 12/1 sugar was 312 at 2:0 insulin was administed the resident only ate. Resident #2's compressions of the resident blood sugar was 312 at 2:0 insulin was administed the resident only ate.	Iministered insulin to physician order on 12/13/17. The dot of give insulin after meals to greater than 50 percent. The state of percent of her is administered. In the state of percent of her is administered. In the state of percent of her is administered. In the state of percent of her is administered. In the state of the facility on the ed on 3/30/11. Resident #2's the state of the stat	F 65	1	will be		

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On 3/14/18 at 1:08 p.m., Resident #2's Humalog insulin order was reviewed with LPN (licensed practical nurse) #4 (the nurse who administered insulin to Resident #2 on 12/13/17 at 2:00 p.m.). LPN #4 was asked to explain how the order should be followed. LPN #4 stated, "Depending on how much she eats, whether or not to administer the Humalog," LPN #4 was asked how she was made aware how much Resident #2 ate. LPN #4 stated, "The CNAs (certified nursing assistants) let us know." LPN #4 was asked what should be done if Resident #2 eats 50 percent. LPN #4 stated she would hold the insulin. LPN #4 was shown Resident #2's eMAR and confirmed she administered three units of Humalog insulin to the resident on 12/13/17 at 2:00 p.m. LPN #4 was made aware that according to meal intake documentation, Resident #2 ate 50 percent at lunch on 12/13/17. LPN #4 was asked what should have been done. LPN #4 stated she should have held the insulin but she used her nursing judgement. LPN #4 stated the resident's blood sugar was 312 and she knew the resident's blood sugar would increase so she felt Resident #2 needed the insulin coverage. When asked if she spoke to the physician regarding this, LPN #4 stated she could not recall. On 3/14/18 at 5:07 p.m., ASM (administrative staff member) #1 (the administrator), ASM #2 (the director of nursing), ASM #3 (the regional quality assurance manager) and ASM #4 (the regional manager) were made aware of the	

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F 658	where staff could or	system was programmed nly document meal intake as	F 65	8		
	Resident #2 ate 55° no way for the CNA	100%. ASM #2 stated if % on 12/13/17 then there was to document that amount.				
	conducted with CN/documented Reside 12/13/17). CNA #6	a.m., an interview was A #6 (the CNA who ent #2's lunch meal intake on was asked if she was Resident #2's meal intake to				
	anyone. CNA #6 st meal intake to the n gets ensure (supple	ated she has to report the nurse because Resident #2 ement) if she eats less than 50 as asked to describe Resident				
	resident eats good leats ten to fifteen pe	CNA #6 stated sometimes the but a lot of time the resident ercent. CNA #6 stated ore dessert. CNA #6 was				
	December 2017. C intake has decrease	Resident #2's meal intake in NA #6 stated the resident's ed a little since then but she tember. CNA #6 was asked if				
	she could recall how during lunch on 12/ could not recall. CN	v much Resident, #6 ate 13/17. CNA #6 stated she NA #6 stated Resident #2 eats				
	stationed in the dini day shift. When asl #2's lunch meal inta	room and she (CNA #6) is not ng room when she works the ked how she knew Resident ake on 12/13/17, CNA #6				
	would have told her	tationed in the dining room how much Resident #2 ate documented that amount.				
	conducted with LPN she is made aware LPN #4 stated, "Mo	I p.m., another interview was I #4. LPN #4 was asked how of Resident #2's meal intake. st of the time I go in the dining gh and see who's eating and				

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			В	ON AIR, VA 23235				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 658	stated, "I think I may be percent and I gave he time, Resident #2's 13 supplement intake wa LPN #4 had documer as zero. LPN #4 state gave her some." The facility policy title ADMINISTRATION-S INJECTION" docume injections will be adm at the direction of a pill the direction of a pill the facility standard of management was obtive website: https://procedocumented, "Anti-dia anti-diabetic agents) aphysician order" No further information (1) Humalog insulin is used to treat diabetes obtained from the well https://medlineplus.gottml 2. The facility staff fai Resident #11's physic capsule.	sked if she observed ray on 12/13/17, LPN #4 have seen that she ate 50 er a supplement too." At this 2/13/17 2:00 p.m. as reviewed with LPN #4. hted the supplement intake ed, "I'm sure I might have d, "MEDICATION UBCUTANEOUS inistered by a licensed nurse hysician's order." of practice regarding diabetic tained from the Lippincott dures.lww.com/ and abetic agents (insulin or oral are administered per n was presented prior to exit. as an injectable medication in this information was besite: by/druginfo/meds/a697021.h led to accurately transcribe cian order for a cranberry mitted to the facility 6/8/11 as/18. Resident #11's	F	658				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIF IDENTIFICATION NUMBER: A. BUILDING		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		495394	B. WING _			C 03/15/2018	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235	'	1 00/10/2010	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 658	and urinary tract inferecent MDS (minimula assessment with an date) of 1/10/18, cool intact. On 3/14/18 at 8:15 at (registered nurse) # medications to Resi #2 removed a conta 450 mg (milligrams) placed one capsule surveyor confirmed 450 mg with RN #2, be 450 milligrams." March 2018 eMAR (revealed the following "CRANBERRY CONCAPSULE. Give 1 day for urine prophydated 1/4/18 documented to prophylactics." Resident #11's com 1/12/18 documented Infection): At risk for	lure, chronic kidney disease ection. Resident #11's most um data set), an annual ARD (assessment reference ded the resident as cognitively a.m., observation of RN 2 preparing and administering dent #11 was conducted. RN iner of cranberry capsules from the medication cart and in the medication cup. This the cranberry capsule was and RN #2 stated, "It should Review of Resident #11's (electronic medication record) in documentation: NCENTRATE 500MG capsule by mouth one time a elactics." A physician's order ented, "CRANBERRY 10MG CAPSULE. Give 1 ine time a day for urine	F 6	· · · · · · · · · · · · · · · · · · ·			
	physician order" On 3/14/18 at 8:50 a conducted with (reg was made aware Redocumented to admicapsule but 450mg	a.m., an interview was istered nurse) RN #2. RN #2 esident #11's eMAR inister 500 mg of cranberry was administered and was y this occurred. RN #2					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495394	B. WING		0:	C 3/15/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235	1 337.19.23.13	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 658	order) in, put in the wit." RN #2 stated the capsule was 450 mg inaccurately transcrif #2 stated, "Probably. On 3/14/18 at 5:07 p staff member) #1 (the director of nursin quality assurance ma regional manager) wabove findings. On 3/15/18 at 8:45 a facility utilized bulk o (meaning one bottle multiple residents). A facility physician order for 450 mg. ASM #2 error had occurred. The facility pharmacy Orders for Non-Cont facility standard of proper transcription. The post-acility should ensur medication name, strequency, indication parameters for admining the property of the property in the post-acility at 7:15 a.m., a Resident #11 was sit conference room. Tile	t (transcribed/entered) it (the prong one. I have to change standard dose of cranberry. When asked if someone oed the order and eMAR, RN " ".m., ASM (administrative administrator), ASM #2 ang), ASM #3 (the regional anager) and ASM #4 (the ere made aware of the ere made aware of the ere made aware of the ere made at transcription ".m., ASM #2 confirmed the ere made aware of the ere made at transcription ".m., ASM #2 confirmed the ere made aware of the ere made aware of the ere made aware of the ere for cranberry capsules is confirmed a transcription ".m., ASM #2 confirmed the ere for cranberry capsules is confirmed a transcription ".m., ASM #2 confirmed the ere for cranberry capsules is confirmed a transcription ".m., ASM #2 confirmed the ere for cranberry capsules is confirmed a transcription ".m., ASM #2 confirmed the ere medication is used for ere for cranberry capsules is confirmed a transcription ".m., ASM #2 confirmed the ere for cranberry capsules is confirmed the standard ere for cranberry and the standard ere for cranberry and the ere for every sentrance into the aphysician's order for ting on the table in the ere order was dated 3/14/18 tranberry Tablet 450 MG.	F 65	8		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495394	B. WING			C 03/15/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 658	Continued From pa	ge 26 on was presented prior to exit.	F 65	8		
	(electronic medicati medications that we nurse on a different Resident # 7 was a diagnoses that inclu sepsis (1), intracrar artery disease (3), I	e documented on the eMAR on administration record) ere administered by another shift for Resident # 7. dmitted on 12/08/17 with uded but were not limited to: nial hemorrhage (2), coronary Parkinson's (4), dementia (5) pokalemia (7), hypoxia (8), and anemia (10).				
	set), a 5 (five) - day (assessment refere Resident # 7 as sco interview for mental (zero) - 15, 14 being daily decisions. Re requiring extensive	recent MDS (minimum data assessment with an ARD nce date) of 12/15/187 coded oring a 14 on the brief status (BIMS) of a score of 0 g cognitively intact for making sident # 7 was coded as assistance of one staff as for ADLs (activities of daily ion with eating.				
	12/08/17 for Reside	<u> </u>				
	body) four times da	gel. Topically (on top of the ily (9:00 am, 1:00 pm, 5:00 to left shoulder. Pain. Noted				
) 0.5 MG (milligrams) TABLET ral (by mouth) three times a				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495394	B. WING	B WING		·	15/2018	
	ROVIDER OR SUPPLIER		-	9	STREET ADDRESS, CITY, STATE, ZIP CODE 0101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235	1 03/	19/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 658	noted on 12/08/17 8: - "Cephalexin (13) 50 CAP (capsule) oral the 2:00 pm, 9:00 pm) for tract infection. Note the eMAR (electronic record) dated "12-01-Resident # 7 docume - "Voltaren 1% gel. for pain. Start on 12/08/16 eMAR for voltaren do practical nurse) # 1's pm. The eMAR notes 12/31/17, documente p.m.) by (LPN # 1) per - "Pramipexole 0.5 MONE TAB (tablet) ora daily (9:00 am., 2:00 Start 12/08/17 8:37 pe eMAR for pramipexole initials on 12/09/17 at "(notes)" under her indeted 12/01/17 thru 1 "12/09/17 04:13 PM (day shift." - "Cephalexin 500M0 times daily for urinary 12-08-17. Extended Further review of the documented LPN # 1 p.m. with the word "(r.) The eMAR notes dated the start of the start of the emaker of the documented LPN # 1 p.m. with the word "(r.) The eMAR notes dated the start of the	pm, 9:00 pm) Parkinson's 37 pm by (Name of Nurse)." 20 MG CAPSULE. ONE ree times a day (9:00 am, 5 (five) days for urinary 12-08-17." 2 medication administration 17 thru 12-31-17" for nted the following: 2 pur times daily topically for 7." Further review of the cumented LPN (licensed initials on 12/09/17 at 1:00 a dated 12/01/17 thru d, "12-09-17 04:13 PM (4:13 er day shift." IG (milligrams) TABLET I (by mouth) three times a pm, 9:00 pm) Parkinson's m." Further review of the e documented LPN # 1's 12:00 p.m. with the word itials. The eMAR notes 2/31/17 documented, 4:13 p.m.) by (LPN # 1) per G CAPSULE. One cap three of tract infection. Note Directions: for 5 (five) days."	F	658				

1 1		IDENTIFICATION NUMBER		IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		495394	B. WING			C 03/15/2018
	ROVIDER OR SUPPLIER	10000		STREET ADDRESS, CITY, STATE, 9101 BON AIR CROSSINGS DR BON AIR, VA 23235		03/13/2016
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	((EACH CORRECTIV CROSS-REFERENCEI	AN OF CORRECTION E ACTION SHOULD BI D TO THE APPROPRIA CIENCY)	DATE
F 658	through 12/16/17 fail that Resident # 7 red medications on 12/09. On 03/15/18 at 7:50 conducted with LPN medication administr asked what shift she 1 stated, "My shift stawas asked to review medication administr notes dated "12-01-1 Resident # 7. When documented on 12/0 pramipexole and ceptreatment of voltaren stated, "I saw that it voltank). We (nursing) in and document 'Pe When asked if she wprevious shift, and wcephalexin and volta 2:00 and 1:00 p.m. o "No." When asked if that verified she with cephalexin and volta nurse on the previous When asked to describe when a blank on the stated, "Don't sign of give. I should have for was actually given by shift and then have the MAR."	iff." Is Notes" dated 12/08/17 ed to evidence verification eived the above documented 10/17. It is a.m., an interview was # 1 regarding Resident # 7's ation on 12/09/17. When worked on 12/09/17, LPN # arted at 3:00 p.m." LPN # 1 the eMAR (electronic ation record) and the eMAR 7 thru 12-31-17" for asked why her initials were 10/17 for the administration of 10/18 halexin at 2:00 p.m. and the 11/18 at 1:00 p.m., LPN # 1 I wasn't done (the box was 10/18 were told to put our initials 11/18 r day, evening or night shift." 12/18 respect during the 13/19/17, LPN # 1 stated, 14 there was documentation	F6	558		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495394	B. WING			C 03/15/2018	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 658	member) # 2, directed describe the proced medication administ nurse reviews the or physician's orders, for medication administ (administering the modocument on the Madepending on the sywas given. After reviewed administration administration administration of the administration of the administration of the administration of the administrative staff and ASM # 2 stated, "Nuanything they don't of the administrative staff and ASM # 2, directed aware of the above." No further information of the severe, inflammator of the germs. The sycaused by the germs chemicals the body This information was	I (administrative staff or of nursing. When asked to ure for documenting ration, ASM # 2 stated, "The refers on the MAR against the ollows the rights of ration. After the pass hedication) is done, they AR by initial or check mark, estem, that the medication riewing eMAR (electronic ration record) and the eMAR 17 thru 12-31-17" for # 2 was asked if LPN # 1 procedure for documenting f pramipexole, cephalexin and R when LPN # 1 did not cations and treatment herself. It is should not document do." Toximately 4:35 ASM member) # 1 administrator, or of nursing were made finding.	F 65				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION G	l\ /	(X3) DATE SURVEY COMPLETED	
		495394	B. WING			C 93/15/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235	1	0/10/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUS CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 658	(rupture) of a blood vinformation was obtained from the wehttps://www.nlm.nih.grease.html. (3) A loss of brain furdisease.html. (4) A type of moveminformation was obtained from the wehttps://www.nlm.nih.grease.html. (5) A loss of brain furdiseases. It affects njudgment, and behave obtained from the wehttps://medlineplus.gg. (6) High blood press obtained from the wehttps://www.nlm.nih.greasure.html. (7) Low potassium lette amount of potass than normal. This in the website: https://medlineplus.gg. (8) Deficiency of oxy the body. This inform website:	rain caused by the breaking ressel in the head. This ined from the website: erver.org/med/ency/article/00 If heart disease. This ined from the website: gov/medlineplus/coronaryarte ent disorder. This ined from the website: gov/medlineplus/parkinsonsdi nction that occurs with certain nemory, thinking, language, vior. This information was ebsite: ov/ency/article/000739.htm.	F 68	58		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION G	· , ,	(X3) DATE SURVEY COMPLETED		
		495394	B. WING			C	
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF BON AIR				STREET ADDRESS, CITY, STATE, ZIP CODE 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235		03/15/2018	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 658	your body needs to cholesterol can increheart disease, strok medical term for hig disorder, hyperlipide This information wanttps://medlineplus.ed. (10) Low iron. This is the website: https://www.nlm.nih (11) Used alone or with the symptoms of Padisorder of the nerwidifficulties with move balance), including stiffness, slowed mobalance. Pramipexorestless legs syndrocauses discomfort in to move the legs, essitting or lying down medications called oby acting in place of substance in the bramovement. This infinithe website: https://medlineplus.ed. (12) Diclofenac top relieve pain from os by a breakdown of tocertain joints such a feet, elbows, wrists,	fat (also called a lipid) that work properly. Too much bad ease your chance of getting e, and other problems. The h blood cholesterol is lipid emia, or hypercholesterolemia. Is obtained from the website: gov/ency/article/000403.htm. Information was obtained from a gov/medlineplus/anemia.html With other medications to treat arkinson's disease (PD; a gous system that causes ement, muscle control, and shaking of parts of the body, ovements, and problems with a le is also used to treat arkinson's disease (RLS; a condition that are the legs and a strong urge specially at night and when a class of dopamine agonists. It works of dopamine agonists. It works of dopamine, a natural ain that is needed to control formation was obtained from a gov/druginfo/meds/a697029.h Ical gel (Voltaren) is used to teoarthritis (arthritis caused to teoarthritis (arthritis caused the lining of the joints) in as those of the knees, ankles, and hands. Diclofenac topical used to relieve osteoarthritis	F 6	58			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495394			' '	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		B. WING			C 03/15/2018		
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF BON AIR				STREET ADDRESS, CITY, STATE, ZIP CO 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235		371372310	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 658	medications called n drugs (NSAIDs). It w production of a substinformation was obtat https://medlineplus.gml. (13) Used to treat ce bacteria such as pnetract infections; and it ears, genital, and uriclass of medications antibiotics. It works to Antibiotics such as colds, flu, or other virantibiotics when they your risk of getting a antibiotic treatment.	clofenac is in a class of consteroidal anti-inflammatory orks by stopping the body's cance that causes pain. This ined from the website: ov/druginfo/meds/a611002.ht ortain infections caused by umonia and other respiratory infections of the bone, skin, mary tract. Cephalexin is in a called cephalosporin by killing bacteria. The infections of the bone is in a called cephalosporin by killing bacteria. The infections of the bone is in a called cephalosporin by killing bacteria. The infections of the bone is in infections. Using the are not needed increases in infection later that resists.	F 68	58			
	ordered blood pressi # 7. The POS (physician' 12/08/17, signed by Resident # 7 docume MG (milligram) TABL (by mouth) every 6 (sbp (2) [systolic bloohours as needed for	siled to obtain physician ures every shift for Resident as order sheet) dated the physician on 12/11/17 for ented, "Hydralazine (1) 25 ET. ONE TAB (tablet) oral six) hours prn (as needed) d pressure] take every 6 sbp > (greater than) 140. lood pressure). Noted					

. ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495394	B. WING		C 02/45/2048	
	NAME OF PROVIDER OR SUPPLIER THE LAURELS OF BON AIR			STREET ADDRESS, CITY, STATE, ZIP CODE 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235	03/15/2018	
(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION	
F 658	record) dated 12/0/#7 documented, "FTABLET. One tab needed); oral for hypm. DC (discontinueview of the eMAF 12/08/17 through 1 systolic blood press. The telephone order to documented, "3 every 6 (six) hrs (honeeded) hydralazin. The eMAR (electroneded) hydralazin. The eMAR (electroneded) "FTABLET. One tab hypertension. Starpm." Further review 10 mg from 12/13/1 evidence systolic b. On 03/15/18 at 1:00 conducted with LPN regarding Resident asked if the initials the 7:00 a.m. to 3:00 the eMAR for Resident #7 to maked staff dopressures, LPN #3 or on the 24 hour eMAR dated 12/01 nurse's notes dated for Resident #7, LFR Resident #7's blood	nic medication administration I/17 thru 12/31/17 for Resident I/YDRALAZINE 25 MG (tablet) every 6 hours prn (as I/Pertension. Start 12-08-17 I/IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	F 65	8		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495394	B. WING			1	C 15/2018	
	ROVIDER OR SUPPLIER			9	STREET ADDRESS, CITY, STATE, ZIP CODE 101 BON AIR CROSSINGS DRIVE 3ON AIR, VA 23235	1 03/	13/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 658	determine if Resident if the blood pressure according to the phys stated you wouldn't." On 03/15/18 at 1:20 pconducted with ASM member) # 2, director where a resident's blo documented, ASM # should be documented administration record hour report. After rev 12/01/17 thru 12/31/1 dated 12/08/17 throug 7, ASM # 2 stated, "I pressures." ASM # 2 24-hour reports for Repressures. On 03/15/18 at 4:25 pnursing informed this unable to locate any of hour reports evidenci pressures were record (administrative staff nand ASM # 2, director aware of the above fill. No further information (1) Hydralazine is use pressure. Hydralazine is use pressure. Hydralazine	d how she would be able to # 7 required the hydrazaline was not being taken dician's orders, LPN # 3 D.m., an interview was (administrative staff of nursing. When asked bod pressure would be 2 stated, "Blood pressure do not he MAR (medication of the MAR dated of 7 and the nurse's notes of 12/16/17 for Resident # don't see any blood stated she would check the desident # 7's blood D.m. ASM # 2, director of surveyor that they were documentation of the 24 ng Resident # 7's blood ded. Eximately 4:35 p.m., ASM member) # 1 administrator, of nursing were made inding. The was provided prior to exit. The dot treat high blood de is in a class of medications works by relaxing the blood	F	658				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION 3	(X3) DATE SURVEY COMPLETED	
		495394	B. WING		C 03/15/2018	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
F 658	from the website: https://medlineplus.go	e 35 s information was obtained ov/druginfo/meds/a682246.h	F 65	58		
F 684 SS=D	pushing against the witime your heart beats arteries. Your blood proportion your heart beats, puncalled systolic pressurest, between beats, This is called diastolic pressure reading use Usually the systolic nabove the diastolic nurbal obtained from the we	umber comes before or umber. This information was bsite: ov/highbloodpressure.html	F 68	34	4/25/18	
	Quality of care is a fu applies to all treatment facility residents. Bas assessment of a resident residents receive accordance with professor practice, the compressor plan, and the resident resident residents receive accordance with professor plan, and the resident residen	ndamental principle that nt and care provided to ed on the comprehensive dent, the facility must ensure treatment and care in essional standards of tensive person-centered sidents' choices. T is not met as evidenced tiew, clinical record review a complaint investigation, it the facility staff failed to care was provided in		F684 Resident #7 no longer resides in this facility. Resident #9's follow-up appointment the surgeon was scheduled however resident and family elected to cancel		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495394	B. WING			C
NAME OF D	ROVIDER OR SUPPLIER	455554	1 2 1	STREET ADDRESS, CITY, STATE, ZIP CODE	0	3/15/2018
NAME OF T	NOVIDER OR SOLT EIER					
THE LAUF	RELS OF BON AIR			9101 BON AIR CROSSINGS DRIVE		
				BON AIR, VA 23235		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 684	Continued From page	e 36	F 68	34		
	plan of care for two o sample, Residents #	f 11 residents in the survey 7 and #9.		appointment.		
	1a. The facility staff fa	ailed to obtain physician res every six hours for		All residents with Physician order monitoring have the potential to affected by this practice. A qual of all residents admitted in the ladays has been performed and a	be ity review ast 30	
		ailed to administered edications that were readily y's Omnicell system (4), to		appointments have been scheduled. All new admissions have the potential to affected by this practice, all new admissions from the last 30 days are receiving their medication as ordered.		
		facility staff failed to arrange a follow-up in consult for Resident #9 in a timely		Licensed Nurses will be educate DON/designee regarding notifyi physician if medication is not avupon admission. Licensed nursi	ng the ailable	
	The findings include:			will also be educated by DON/d on Omnicell use for medication	-	
	_	ailed to obtain physician ires every six hours for		availability. DON/designee duri morning clinical meeting will cor quality monitoring of medication availability on new admissions of	nduct	
	diagnoses that includ sepsis (1), intracrania	mitted on 12/08/17 with led but were not limited to: al hemorrhage (2), coronary arkinson's (4), dementia (5)		weeks, and routinely thereafter. Additional corrective action or e will be provided as needed.	-	
	hypertension (6), hypokalemia (7), hypoxia (8), hyperlipidemia (9), and anemia (10).			Findings to be communicated to committee monthly and as indic Quality monitoring schedules with the control of	ated. ill be	
	set), a 5 (five) - day a (assessment reference Resident # 7 as scori interview for mental s (zero) - 15, 14 being daily decisions. Resi requiring extensive as	recent MDS (minimum data assessment with an ARD ce date) of 12/15/187 coded and a 14 on the brief status (BIMS) of a score of 0 cognitively intact for making dent # 7 was coded as assistance of one staff for ADLs (activities of daily		modified based on findings. Ad corrective action or education w provided as needed.		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		405204	B. WING			С	
		495394	B. WING_	_		03/	15/2018
NAME OF PR	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
THE LAUE	RELS OF BON AIR			!	9101 BON AIR CROSSINGS DRIVE		
THE EAST	CLO OF BOILAIN				BON AIR, VA 23235		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPR			(X5) COMPLETION DATE	
					DEFICIENCY)		
F 684	Continued From page living) and supervision The POS (physician's	n with eating.	F	684	1		
	12/08/17, signed by the Resident # 7 docume MG (milligram) TABLI (by mouth) every 6 (s sbp (12) [systolic block hours as needed for state of the sta	ne physician on 12/11/17 for nted, "Hydralazine (11) 25 ET. ONE TAB (tablet) oral ix) hours prn (as needed) od pressure] take every 6 sbp > (greater than) 140. ood pressure). Noted					
	record) dated 12/01/1 # 7 documented, "HY TABLET. One tab (ta needed); oral for hype pm. DC (discontinue) review of the eMAR for	blet) every 6 hours prn (as ertension. Start 12-08-17) 12-12-17 pm." Further or hydralazine 25 mg from 12/17 failed to evidence					
	# 7 documented, "3. every 6 (six) hrs (hou	dated 12/12/17 for Resident Take B/P (blood pressure) rs) if sbp >140 give PRN (as 10 mg, po (by mouth) prn."					
	record) dated 12/01/1 # 7 documented, "HY TABLET. One tab ev hypertension. Start 1 pm." Further review of 10 mg from 12/13/17 evidence systolic block On 03/15/18 at 1:00 p	ery 6 hours prn; oral for 2-13-17 pm. DC 12-16-17 of the eMAR for hydralazine through 12/16/17 failed to od pressures were obtained.					
		licensed practical nurse) # 3 7's blood pressures. When					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495394	B. WING _				C / 15/2018
	ROVIDER OR SUPPLIER			9101 E	T ADDRESS, CITY, STATE, ZIP CODE SON AIR CROSSINGS DRIVE AIR, VA 23235		10/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFII TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 684	the 7:00 a.m. to 3:0 the eMAR for Resid 12/13/17 were hers When asked staff d pressures, LPN # 3 or on the 24 hour re eMAR dated 12/01/ nurse's notes dated for Resident # 7, LF Resident # 7's blood obtained. LPN # 3 looked." When ask determine if Reside if the blood pressurf according to the phy stated you wouldn't On 03/15/18 at 1:20 conducted with ASM member) # 2, direct where a resident's to documented, ASM is should be documented administration recon hour report. After re 12/01/17 thru 12/31 dated 12/08/17 thro 7, ASM # 2 stated, pressures." ASM # 24-hour reports for pressures. On 03/15/18 at 4:25 nursing informed th unable to locate any	(Two Capital Letters) during 0 p.m. shift documented on lent # 7 dated 12/12/17 and LPN # 3 stated, "Yes." ocument resident's blood stated. "In the nurse's notes eport." After reviewing the 17 thru 12/31/17 and the 12/08/17 through 12/16/17 PN # 3 was asked why dipressures were not stated, "It was probably over ed how she would be able to not # 7 required the hydrazaline e was not being taken ysician's orders, LPN # 3." 10 p.m., an interview was M (administrative staff for of nursing. When asked blood pressure would be # 2 stated, "Blood pressure ited on the MAR (medication rd), nurse's notes or the 24 eviewing the eMAR dated /17 and the nurse's notes ough 12/16/17 for Resident # "I don't see any blood 2 stated she would check the Resident # 7's blood 5 p.m. ASM # 2, director of its surveyor that they were y documentation of the 24 cing Resident # 7's blood	F	584			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			7 56.125.	_		(
		495394	B. WING			03/	15/2018
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
THE LAUF	RELS OF BON AIR				101 BON AIR CROSSINGS DRIVE		
				Е	BON AIR, VA 23235		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 684	(administrative staff n and ASM # 2, director aware of the above file. No further information. References: (1) Sepsis is an illness severe, inflammatory other germs. The syrcaused by the germs chemicals the body reached the property of the property of the service of the property of the property of the service of the property of the service of the property of the p	ximately 4:35 p.m., ASM nember) # 1 administrator, of nursing were made nding. In was provided prior to exit. Is in which the body has a response to bacteria or imptoms of sepsis are not themselves. Instead, eleases cause the response. obtained from the website: ov/ency/article/000666.htm. It caused by the breaking essel in the head. This ined from the website: over.org/med/ency/article/00 Theart disease. This ined from the website: ov/medlineplus/coronaryarte Int disorder. This ined from the website: ov/medlineplus/parkinsonsdi It ction that occurs with certain emory, thinking, language, ior. This information was	F	684			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	' '	DATE SURVEY COMPLETED
		495394	B. WING _			C 03/15/2018
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235	I	00/10/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 684	essure.html. (7) Low potassium let the amount of potassithan normal. This in the website: https://medlineplus.g. (8) Deficiency of oxy the body. This information website: https://www.merriamoxia. (9) Cholesterol is a five your body needs to we cholesterol can increheart disease, stroke medical term for high disorder, hyperlipide This information was https://medlineplus.g. (10) Low iron. This in the website: https://www.nlm.nih. (11) Hydralazine is upressure. Hydralazine called vasodilators. I vessels so that blood through the body. The from the website:		F 6	84		

PRINTED: 04/26/2018 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495394	B. WING			C 03/15/2018	
	ROVIDER OR SUPPLIER	400004		S 9	TREET ADDRESS, CITY, STATE, ZIP CODE 101 BON AIR CROSSINGS DRIVE 3ON AIR, VA 23235	03/	15/2018
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 684	pushing against the witime your heart beats arteries. Your blood pyour heart beats, purcalled systolic pressurest, between beats, your sealled systolic pressure reading use Usually the systolic numbers above the diastolic numbers://medlineplus.go. 1b. The facility staff faphysician ordered meavailable in the facility Resident # 7. The POS (physician's 12/08/17 for Resident Order 12/08/17 for Resident Order 12/08/17 - 12/17 POS revealed in part orders: - "Pramipexole (1) 0. ONE TAB (tablet) ora daily (9:00 am., 2:00 noted on 12/08/17 8: - "Sertraline (2) HCL TABLET. ONE AND oper day (9:00 am) dej 8:44" pm by (Name outper day of the control of the control once per day of the control of	s the force of your blood valls of your arteries. Each it pumps blood into the ressure is highest when aping the blood. This is re. When your heart is at your blood pressure falls. It pressure. Your blood is these two numbers. It pressure. This information was besite: by/highbloodpressure.html ailed to administered adications that were readily y's Omnicell system (4), to s order sheet) dated if 7 documented, "ACTIVE 0/17" Further review of the the following medications 5 MG (milligrams) TABLET If (by mouth) three times a pm, 9:00 pm) Parkinson's 37 pm by (Name of Nurse)." (hydrochloride) 50 MG ONE HALF TAB oral one pression noted on 12/08/17	F	684			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495394	B. WING			C 03/15/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235	•	00/10/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 684	Continued From page	-	F 68	34		
	The eMAR (electror record) dated "12-0 Resident # 7 docum - "Pramipexole 0.5 ONE TAB (tablet) or daily (9:00 am, 2:00 Start 12/08/17 8:37 eMAR for pramipex initials on 12/08/17 her initials, LPN # 8 a.m. and "(A [absen 1's initials on 12/09/ under her initials. Ti 12/01/17 thru 12/31 09:21 pm (9:21 p.m AVAILABLE NEW A (medications) NOT (follow up) [sic] PH/ (8:48 a.m.) NOT HE (4:13 p.m.) by (LPN - "Sertraline HCL (FTABLET. ONE AND per day (9:00 am) d 8:44" pm." Further, Sertaline document 12/09/17 at 9:00 a.r. initials. The eMAR 12/31/17 document a.m.) by (LPN # 8) I - "Tamsulosin HCL CAP (capsule) oral (benign prostatic hy	nic medication administration 1-17 thru 12-31-17" for mented the following: MG (milligrams) TABLET ral (by mouth) three times a 10 pm, 9:00 pm) Parkinson's pm." Further review of the ole documented LPN # 7's at 9:00 p.m. and "(H) under 's initials on 12/09/17 at 9:00 at])" under her initials, LPN # '17 at 2:00 p.m. with "(notes) he eMAR notes dated /17 documented, "12-08-17 .) by (LPN # 7) NOT IDMISSION. MEDS SENT AT THIS TIME F/ ARMACY. 12-09-17 08:48 AM ERE. 12/09/17 04:13 PM I # 1) per day shift." Invdrochloride) 50 MG D ONE HALF TAB oral one lepression Start 12/08/17 review of the eMAR for ed LPN # 8's initials on m. and "(H [held])" under her notes dated 12/01/17 thru ed, "12-09-17 08:49 AM (8:49)				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G	, ,	OMPLETED
		495394	B. WING _			C 03/15/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235	<u> </u>	03/13/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 684	eMAR notes dated 1 documented, "12-09 (LPN # 8) NOT HER Review of the facility system by which me and are immediately # 7's pramipexole, s available in the Omr On 03/14/18 at 4:45 staff member) # 3, re	eld])" under her initials. The 12/01/17 thru 12/31/17 1-17 08:49 AM (8:49 a.m.) by EE. y's "Omnicell" system (a edication are kept in the facility of available) revealed Resident ertraline and tamsulosin were nicell system. p.m. ASM (administrative egional quality assurance,	F 6	84		
	used on the eMAR. codes of "(A), (H), (F stated, "H is held, m held. R is refused t by the resident for w the resident was not medication and note the eMAR with an extandard of nursing	or with a copy of the codes When asked to explain the R) and (note), ASM # 3 eans the medication was he medication was refused thatever reason. A is absent, in the facility to receive the refers to a nurse's note on explanation. When asked what practice the facility's nurse's ed, "We follow Lippincott."				
	conducted with LPN regarding Resident administration upon When asked if she with Resident # 7 on 12/0 When asked to describe medications availabe to the facility, LPN # orders to the pharmaphone call to the pharmaphone to the pharmaphone call to	p.m. and interview was (licensed practical nurse) # 7 # 7's medications his admission on 12/08/17. was the admitting nurse for 08/17, LPN # 7 stated, "Yes." cribe the procedure for having le when a resident is admitted 7 stated, "I fax the doctor's acy and follow it up with a armacy to make sure they got viewing the eMAR dated				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED		
		495394	B. WING _			C 03/15/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235	•	30.10.20.10
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 684	LPN # 7 was asked was available in the LPN # 7 stated she On 03/15/18 at 7:50 conducted with LPN medication administ on 12/09/17. When process when a phy medications are not "Look in the Omnice pharmacy. Usually them in a couple of to review the eMAR 12/31/17 and the nuthrough 12/61/17, represcribed for Residual conductions."	1-17" regarding the e prescribed for Resident # 7, if the medication sertraline facility's Omnicell (4) system.	F 6	84		
	was conducted with # 7's medication add When asked if the ir during the 7:00 a.m. documented on the 12/09/17 were hers asked to describe the ordered medications stated, "I would call physician." When a facility's Omnicell sy tamsulosin, LPN # 8 it or not. On 03/15/18 at 1:20	a.m., a telephone interview LPN # 8 regarding Resident ministration on 12/09/17. nitials (Two Capital Letters) to 3:00 p.m. shift eMAR for Resident # 7 dated LPN # 8 stated, "Yes." When he process when a physician are not available LPN # 8 the pharmacy and the sked about checking the yestem for sertraline and could not say if she checked I p.m., an interview was if (administrative staff)				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G	` ′	OMPLETED
		495394	B. WING			C 02/45/2049
	ROVIDER OR SUPPLIER	10001		STREET ADDRESS, CITY, STATE, ZIP CODE 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235	<u> </u>	03/15/2018
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 684	describe the process medication or medications called or substance in the bramovement. This infette medication or medication or medications called or substance in the bramovement. This infette medication or medications called or substance in the bramovement. This infette medications called or substance in the bramovement. This infette medications called or substance in the bramovement. This infette medications called or substance in the bramovement. This infette medications called or substance in the bramovement. This infette medications called or substance in the bramovement. This infette medications called or substance in the bramovement. This infette medications called or substance in the bramovement. This infette medications called or substance in the bramovement. This infette medications called or substance in the bramovement. This infette medications called or substance in the bramovement. This infette medications called or substance in the bramovement.	or of nursing. When asked to s when a physician ordered ations are not available ASM se should follow up with the to ensure they received the en to expect the medications. They should system for medications on oximately 4:35 ASM member) # 1 administrator, or of nursing were made finding.	F 6	84		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		495394	B. WING		C 03/15/2018	
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235		·	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION	
F 684	thoughts that won't perform certain activattacks (sudden, un fear and worry about posttraumatic stress psychological symp frightening experient disorder (extreme for performing in from normal life). It is also symptoms of premeincluding mood swirt breast tenderness. It antidepressants call reuptake inhibitors (increasing the amout substance in the brabalance. This inform website: https://medlineplus.itml. (3) Used in men to the enlarged prostate (the BPH) which included dribbling, weak streemptying), painful un frequency and urge of medications callerelaxing the musclesso that urine can flow was obtained from the street and work and the sudden the sud	pression, we disorder (bothersome go away and the need to ons over and over), panic expected attacks of extreme at these attacks), a disorder (disturbing toms that develop after a ce), and social anxiety ear of interacting with others at of others that interferes with o used to relieve the instrual dysphoric disorder, ags, irritability, bloating, and Sertraline is in a class of ed selective serotonin SSRIs). It works by ants of serotonin, a natural ain that helps maintain mental mation was obtained from the gov/druginfo/meds/a697048.h reat the symptoms of an benign prostatic hyperplasia or difficulty urinating (hesitation, am, and incomplete bladder rination, and urinary incy. Tamsulosin is in a class d alpha blockers. It works by is in the prostate and bladder w easily. This information	F 68			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION IG	, ,	OATE SURVEY COMPLETED
		495394	B. WING _			C 03/15/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235	· · · · · · · · · · · · · · · · · · ·	03/13/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 684	System is an automa cabinet systems emineded medications. Authorized caregiver medications from the cabinet, which easily items. This informat website: https://www.omnicelutions_For_Pharmacabinets.aspx. (5) An enlarged prosobtained from the website from the we	ation and Supply Automation ated medication and supply able remote dispensing at th point of care. The committed medication of the stores up to 700 different at the ion was obtained from the stores up to 700 different at the ion was obtained from the stores. The committed the committed the information was obtained by Automated Dispensing Committed. This information was obtained to arrange a follow-up resident #9 in a timely on attend on 2/9/18. Resident #9's out were not limited to anxiety and a fractured neck of the ent #9's most recent MDS	F 6	84		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495394	B. WING			03/	C 15/2018
	ROVIDER OR SUPPLIER			S 9	TREET ADDRESS, CITY, STATE, ZIP CODE 101 BON AIR CROSSINGS DRIVE SON AIR, VA 23235	1 03/	19/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 684	(left) femoral neck fx Hemiarthroplasty (2) 2/4/2018Dispo (Dis (discharge) once med Patient will need to fo surgeon) in 2-3 week number) to schedule Review of Resident # reveal the follow up a had been scheduled of "Remove staples to le "Resident #9's compre 2/22/18 documented, from surgical wound. 21" The care plant information regarding the surgeon. On 3/13/18 at 2:47 p. conducted with LPN (LPN #1 was asked w were placed. LPN #1 placed at the end of F fell and had her hip re resident had a follow orthopedic surgeon, I never had a return for spoke with Resident a the nurse practitioner they said she could re because they had be month. At this time, I the hospital document	y/o (year old) female with LT (fracture) s/p (status post) by (name of surgeon) position): okay for DC dically cleared by hospitalist. Illow up with (name of s. Please call (phone appointment." 9's clinical record failed to ppointment with the surgeon or occurred. ated 3/13/18 documented, eft hip" chensive care plan dated "Potential for complications Site: Left Hip. Staples: failed to document follow up appointments with	F	684			

PRINTED: 04/26/2018 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		I DENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495394	B. WING				C 15/2018
	ROVIDER OR SUPPLIER			9	TREET ADDRESS, CITY, STATE, ZIP CODE 101 BON AIR CROSSINGS DRIVE SON AIR, VA 23235	1 03/	19/2016
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 684	hospital paperwork w re-admitted. LPN #1 had not been seen by readmission. LPN #1 facility appointment or appointment for Residual that should be done readmitted with the aldocumentation. LPN should be followed." her to address Reside previous day, LPN #1 for her physician orde #1 stated the area loc realized she had been while so she discussed. On 3/14/18 at 11:10 at #9's left hip surgical stresident's permission removed. No concertarea. On 3/14/18 at 5:07 p. staff member) #1 (the director of nursin quality assurance material manager) we above findings. On 3/15/18 at 1:10 p. #9 was readmitted to should have had a fol surgeon in three wee corresponded with the stated on 3/2/18 Residentics.	e facility on 2/9/18 and Iff should have seen the hen the resident was also confirmed Resident #9 If the surgeon since stated she looked at the alendar and did not see an dent #9. LPN #1 was asked when a resident is bove hospital #1 stated, "Every instruction When asked what prompted ent #9's staples on the stated the resident was due ered dressing change. LPN boked very healed and she in providing treatment for a ed this with the physician. I.m., observation of Resident with the was conducted with the in The staples were his were identified with the m., ASM (administrative administrator), ASM #2 g), ASM #3 (the regional nager) and ASM #4 (the ere made aware of the m. ASM #2 stated Resident the facility on 2/9/18 and low-up appointment with the	F	684			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	' '	(X3) DATE SURVEY COMPLETED		
		495394	B. WING			C 3/15/2018		
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE		
F 684	appointment was so to 3/2/18, ASM #2 on to been scheduled asked the period from made to when the a stated, "That could the asked when a follow admitted resident should occur upon a when Resident #9's appointment was so appointment was sick. The facility policy titl documented, "It is the company) to maintal consultations between that guests will receive services to ensure of maintaining or improphysical functional so the formation was hittps://medlineplus.co.00166.htm (2) Hemiarthroplasty	heduled for Resident #9 prior onfirmed an appointment had before that date. When m when an appointment is ppointment occurs, ASM #2 ake some time." When r-up appointment for a newly rould be scheduled, ASM #2 appointment should be ly clinical operations meeting a clerk to schedule. When rould occur, ASM #2 stated this rould occur, ASM #2 stated this rould occur, ASM #2 stated this rould occur, ASM #2 stated the reduled, ASM #2 stated the reduled, ASM #2 stated the reduled on 3/13/18 for this resident #9's daughter timent because the resident records of the physicians and to ensure routing their mental and	F 684	4				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, , , , , , , , , , , , , , , , , , ,				(X3) DATE SURVEY COMPLETED	
		495394	B. WING				C 15/2018	
	ROVIDER OR SUPPLIER			91	TREET ADDRESS, CITY, STATE, ZIP CODE 101 BON AIR CROSSINGS DRIVE ON AIR, VA 23235	1 00/	10/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 684 F 689 SS=D	Free of Accident Haza CFR(s): 483.25(d)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)	ov/ency/article/007386.htm ards/Supervision/Devices (2) 		684	Past noncompliance: no plan of correction required.		4/5/18	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
		495394	B. WING _			C 03/15/2018		
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235	'	00/10/2010		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
F 689	months prior to that discharged from the Review of Resident fall investigations re on 10/28/17. In reg staff documented a pharmacist would be was completed). In nurse's note dated documented Reside bathroom floor at 12 reported slight left hat to the emergency room re Resident #6 was se review of the clinical facility staff implement prevent future falls. presented no fall invanues's note dated Resident #6 was ob front of the toilet. The matoma (1) to the the bridge of the note mergency room. It the bridge of the Reemergency room are	ed a fall in the last two to six admission. Resident #6 facility 11/29/17. #6's clinical record and facility vealed the resident fell twice ards to the first fall, the facility medication review with the ecompleted (note- the review regards to the second fall, a 10/28/17 at 3:02 p.m. ent #6 was found sitting on the 2:20 p.m. The resident ip and leg pain and was sent from. An x-ray in the evealed no fracture and not back to the facility. Further I record failed to reveal the ented any interventions to In addition, facility staff restigation regarding this fall. In 10/29/17 documented served lying on the floor in the resident presented with a ecomplete for the permabond (2) was applied to sident's nose in the addithe resident was sent back	F 6					
	and the fall investige facility staff implement prevent future falls. Review of Resident plan with an onset of re-admission care preveal evidence that	er review of the clinical record ation failed to reveal the ented any interventions to #6's comprehensive care lated on 3/21/17 and lan dated 10/4/17 failed to the facility staff reviewed or n following the above falls.						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION G	, ,	(X3) DATE SURVEY COMPLETED		
		495394	B. WING _			C 03/15/2018	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235	· · · · · · · · · · · · · · · · · · ·	03/13/2010	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 689	Continued From pag	ge 53	F 6	89			
	conducted with RN (MDS coordinator). If acility staff does to future falls. RN #5 scomplete an inciden intervention. RN #5 team reviews falls in if another intervention. Gn 3/15/18 at 11:32 staff member) #2 (throonfirmed she could regarding Resident; ASM #2 stated their hospital and she (AS documentation that future falls was implifall on 10/29/17, ASI sent to the hospital alocate documentation prevent future falls was implifall on 10/29/17, ASI sent to the hospital alocate documentation prevent future falls was implifall on 10/29/17, ASI sent to the hospital alocate documentation prevent future falls was implifall on 10/29/17, ASI sent to the hospital alocate documentation prevent future falls was implifable for the facility of the facility. On 3/15/18 at 11:32 completed action pla plan documented, "(PLAN: Falls. Final gas ACTION TO BE CO 1. ISSUE IDENTIFICATION TO BE CO 1. ISSUE IDENTIFICATION POTENTIALLY AT Formal care at the facility. 3. PROCESS CHAN OTHERS ARE NOT	a.m. ASM (administrative e director of nursing) not find the fall investigation #6's second fall on 10/28/17. esident was sent to the SM #2) could not locate any intervention to prevent emented. In regards to the M #2 stated the resident was and she (ASM #2) could not n that any intervention to was implemented. a.m., ASM #2 presented a an regarding falls. The action Name of facility) ACTION goal date: February 19, 2018. MPLETED CATION: There has been an injury noted on residents in OF OTHERS EISK: Residents receiving IGE TO ENSURE THAT AFFECTED BY ICIENT PRACTICE: Fall risk					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495394	B. WING			I	C	
NAME OF PI	ROVIDER OR SUPPLIER	40004		STREET ADDRESS, CITY, STA	TE. ZIP CODE	03/	15/2018	
THE LAUF	RELS OF BON AIR			9101 BON AIR CROSSINGS BON AIR, VA 23235				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PREFIX (EACH CORRECTIVE ACTION SHOUL			(X5) COMPLETION DATE	
F 689	Continued From page		F 6	689				
	potential for falls, 10 of be updated according potential for falls, 10 of therapy to ensure applace. Residents with attend a fall focus groto decrease the risk of 4. EDUCATION: ADC Nursing)/designee wifall management and interventions. 5. MONITORING: On management will reviduring the clinical operappropriate fall precappare. 6. QA (Quality Assurations REPORTED TO QA OTRENDING AND ANAMASM #2 also provided the above actions we During the survey, no accidents, safety or survey of the regional quality assur (the regional manage above findings.	ON (Assistant Director of all educate nursing staff on implementation of admission, Nursing ew all fall risk assessments erations meeting to ensure utions/interventions are in ance): ALL IDENTIFIED O FALLS WILL BE COMMITTEE FOR ALYSIS MONTHLY" In did documentation to evidence re completed. To other concerns regarding upervision were identified. In a ASM #2, ASM #3 (the rance manager) and ASM #4 r) were made aware of the an was presented prior to exit.						
	PAST NON-COMPLIA	ANCE						
	(1) A hematoma is a	collection of blood outside of						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE COMP	SURVEY LETED
		495394	B. WING				C 15/2018
	ROVIDER OR SUPPLIER			9	TREET ADDRESS, CITY, STATE, ZIP CODE 101 BON AIR CROSSINGS DRIVE SON AIR, VA 23235	1 00.	10/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 695 SS=D	from the website: https://medlineplus.go (2) "DERMABOND Al wound closure device approximate the skin incisions and laceratio obtained from the we https://www.ethicon.o ure/skin-adhesives/de skin-adhesive Respiratory/Tracheos CFR(s): 483.25(i) § 483.25(i) Respirato tracheostomy care ar The facility must ensu needs respiratory car care and tracheal suc care, consistent with practice, the compreh care plan, the resider and 483.65 of this sul This REQUIREMENT by: Based on resident in facility document revi review, it was determ failed to provide respi physician orders for o survey sample, Resid	information was obtained by/bleeding.html DVANCED Adhesive is a e that can be used to edges created by surgical ons." This information was bsite: om/na/products/wound-clos ermabond-advanced-topical- stomy Care and Suctioning ry care, including nd tracheal suctioning. ure that a resident who e, including tracheostomy etioning, is provided such professional standards of nensive person-centered nts' goals and preferences, bpart. T is not met as evidenced terview, staff interview, ew and clinical record ined that the facility staff irratory services per one of eleven residents in the		689	F695 Resident #9 has expired. All residents with orders for medication with nebulizer treatments have the potential to be affected by this practice and all residents are receiving their nebulizer treatments as ordered. Licensed Nurses re-educated by DON/designee regarding following physician orders requiring use of a		4/25/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495394	B. WING			C	
NAME OF D	ROVIDER OR SUPPLIER	43334	1 2: 11:10 _	STREET ADDRESS, CITY, STA	ATE ZIR CODE	03/15/2018	
NAIVIE OF PI	ROVIDER OR SUPPLIER						
THE LAUF	RELS OF BON AIR			9101 BON AIR CROSSINGS BON AIR, VA 23235	DRIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BI ICED TO THE APPROPRIA DEFICIENCY)		
F 695	The findings include: Resident #9 was adm 11/14/15 and readmit diagnoses included by disorder, pneumonia left femur (2). Reside (minimum data set), a assessment with an Adate) of 2/23/18, code intact. On 3/13/18 at 12:11 president #9, the resident #9, the resident #9 has not receiving. Review of Resident # physician's order data an order for Duoneb (milligrams/ 3 milliliters three times a day for shortness of breath. Review of the Duonel February 2018 eMAR administration record 5:00 p.m. the nurse demedication was held The nurse's note data "DuoNeb Solution 0.5 ML (milliliters) 1 dose day for cough/ SOB (Days. Neb equipmer Resident #9's compresident #9's compresiden	nitted to the facility on ted on 2/9/18. Resident #9's ut were not limited to anxiety and a fractured neck of the ent #9's most recent MDS a 14 day Medicare ARD (assessment reference ed the resident as cognitively o.m. while speaking with dent verbalized concern that g her breathing treatments. 9's clinical record revealed a ed 2/10/18 that documented (3) solution 0.5-2.5 (3) solution 0.5-2.5 (3) order on Resident #9's (electronic medication order on Resident #9's (electronic medication order) revealed that on 2/13/18 at ocumented a "5" that the land to see the nurse's note. (ad 2/13/18 documented, 6-2.5 (3) MG (milligrams)/ 3 (inhale orally three times a shortness of breath) for 7 out not available."	F 6		s. DON/designee ical meeting to cond of physician orders weekdays for 2 week weeks. municated to the Quant as indicated, schedules will be findings. Additional education will be	API	
	Respiratory Infection: Pneumonia/Bronchitis	"RESP (Respiratory): Acute sInterventions: Administer ratory infection as ordered"					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
		495394	B. WING			C 03/15/2018	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235		00/10/2010	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 695	Continued From pa	ge 57	F 6	95			
	conducted with LPN regarding access to stated a supply room floors and extra neb the supply rooms. On 3/14/18 at 1:20 conducted with RN nurse responsible for treatment to Reside p.m.). RN #4 stated nebulizer machine i stated there was no other residents' room #4 stated the only in locate was in a room isolation precaution nebulizer machine was tated this was the stated the only in locate was in a room isolation precaution nebulizer machine is stated the only in locate was in a room isolation precaution nebulizer machine is stated the only in locate was no other residents.	p.m., ASM (administrative ne administrator), ASM #2 ing), ASM #3 (the regional nanager) and ASM #4 (the were made aware of the led, "MEDICATION" documented, "All atments shall be initiated, ir discontinued in accordance					

STATEMENT O AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	ELS OF BON AIR			STREET ADDRESS, CITY, STATE, ZIP CODE 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235	Ē		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE		(X5) COMPLETION DATE
F 755 SS=D	(1) A nebulizer is a m medication into mist. obtained from the we https://medlineplus.go 00006.htm (2) The femur is also This information was https://medlineplus.go 00166.htm (3) Duoneb is a combinated and is used to This information was https://medlineplus.go 00166.htm (3) Duoneb is a combinated and is used to This information was https://medlineplus.go 00025.htm Pharmacy Srvcs/Proc CFR(s): 483.45(a)(b) §483.45 Pharmacy Srvcs/Proc drugs and biologicals them under an agree §483.70(g). The facility must providings and biologicals them under an agree §483.70(g). The facil personnel to administ permits, but only under a licensed nurse. §483.45(a) Procedure pharmaceutical service that assure the accurdispensing, and admibiologicals) to meet the \$483.45(b) Service C	achine that turns liquid This information was bsite: by/ency/patientinstructions/0 known as the thighbone. obtained from the website: by/ency/patientinstructions/0 bination medication that is by treat respiratory conditions. obtained from the website: by/ency/patientinstructions/0 becauses/Pharmacist/Records (1)-(3) ervices ide routine and emergency to its residents, or obtain ment described in ity may permit unlicensed		755			4/25/18

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495394	B. WING			03/	C 15/2018	
	ROVIDER OR SUPPLIER	,	•	9	TREET ADDRESS, CITY, STATE, ZIP CODE 101 BON AIR CROSSINGS DRIVE SON AIR, VA 23235			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 755	aspects of the provisithe facility. §483.45(b)(2) Establi receipt and disposition sufficient detail to entreconciliation; and §483.45(b)(3) Determorder and that an action is maintained and perform this REQUIREMENT by: Based on staff intervant in the course of a was determined that ensure medications of administration per phresidents in the surver medications of nuplative available for adorders upon admission or derivative in the findings include: Resident # 7 was addiagnoses that includes epsis (1), intracrania artery disease (3), Pahypertension (6), hyphyperlipidemia (9), and intervals in the provision of	es consultation on all ion of pharmacy services in ishes a system of records of on of all controlled drugs in able an accurate nines that drug records are in count of all controlled drugs riodically reconciled. T is not met as evidenced riew, clinical record review a complaint investigation, it the facility staff failed to were available for hysician orders for one of 11 by sample, Resident # 7. Id to ensure Resident # 7's zid, primidone and rytary ministration per physician on. mitted on 12/08/17 with led but were not limited to: al hemorrhage (2), coronary arkinson's (4), dementia (5) bokalemia (7), hypoxia (8),	F	755	F755 Resident #7 no longer resides in the facility and did not require transfer to a higher level of care during his stay. All new admissions have the potential taffected by this practice, all new admissions from the last 30 days are receiving their medication as ordered. Licensed Nurses will be educated by DON/designee regarding notifying the physician if medication is not available upon admission. Licensed nursing staff will also be educated by DON/designee on Omnicell use for medication availability. Licensed nursing staff will also be educated on contacting the pharmacy when medications have not been received and use of the stat run/back up pharmacy. DON/designeed during morning clinical meeting will conduct quality monitoring of medication availability on new admissions weekda	f e		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G		ATE SURVEY DMPLETED
		495394	B. WING			C 03/15/2018
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235		00/10/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETION DATE
F 755	(assessment referent Resident # 7 as scor interview for mental (zero) - 15, 14 being daily decisions. Resident # 7 activities living) and supervision The POS (physician' 12/08/17 for Resider Order 12/08/17 - 12/POS revealed in part orders: - "Nuplazid (11) 17 lonce per day (9:00 a Parkinson's disease by (Name of Nurse). - "Primidone (12) 50 times a daily take with am., 1:00 pm, 5:00 pm by (Name of Nurse). - "Rytary (13) 48.75 TWO CAPS (capsule bedtime (7:30 am, 1 Parkinson's noted or of Nurse)." The eMAR (electron record) dated "12-01 Resident # 7 documents activities and the properties of the p	assessment with an ARD ace date) of 12/15/187 coded fing a 14 on the brief status (BIMS) of a score of 0 cognitively intact for making sident # 7 was coded as assistance of one staff of for ADLs (activities of daily on with eating. Is order sheet) dated at # 7 documented, "ACTIVE 10/17." Further review of the tothe following medication MG TABLET TWO TAB oral am) for psychosis with noted on 12/08/17 8:26 pm MG TABLET ONE TAB three th meals. Parkinson's (9:00 pm) noted on 12/08/17 8:38 see)." MG - 195 MG CAPSULE es) before meals and at 1:30 am, 4:30 pm, 9:00 pm) an 12/08/17 8:41 pm by (Name ic medication administration -17 thru 12-31-17" for	F 7	x4 weeks, and routinely there. Additional corrective action or will be provided as needed. Findings to be communicated committee monthly and as inc. Quality monitoring schedules modified based on findings. A corrective action or education provided as needed.	to the QAPI licated. will be Additional	
	per day (9:00 am) fo	r psychosis with Parkinson's 17 8:26 pm." Further review				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495394	B. WING				C 15/2018
	ROVIDER OR SUPPLIER			9	STREET ADDRESS, CITY, STATE, ZIP CODE 1101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235		10,20.10
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD B TAG CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)			(X5) COMPLETION DATE
F 755	[licensed practical nu 12/09/17 at 9:00 a.m initials. The eMAR no 12/31/17 documente (LPN # 8) NOT HERI - "Primidone 50 MG times a daily take wit am, 1:00 pm, 5:00 pm Further review of the documented LPN # 8 a.m. and "(A)" under on 12/09/17 at 1:00 pher initials, LPN # 1's p.m. with "(H)" under notes dated 12/01/17 "12-09-17 08:48 AM NOT HERE. 12-09-1 (LPN # 8) NOT HERI p.m.) by (LPN # 1) av - "Rytary 48.75 MG CAPS (capsules) bef (7:30 am, 11:30 am, Parkinson's Start 12/review of the eMAR 18's initials on 12/09/1 under her initials, LP 11:30 a.m. and "(note 1's initials on 12/09/1 with no evidence or a initials for 4:30 p.m. a notes dated 12/01/17 "12-09-17 08:49 AM NOT HERE. 12-09-1 (LPN # 8) NOT HERI p.m.) by (LPN # 8) NOT HERI p.m.) by (LPN # 8) N	azid documented, (LPN arse] # 8)'s initials on and "(A [absent])" under her oftes dated 12/01/17 thru d, "12-09-17 8:48 am by E." TABLET ONE TAB three h meals. Parkinson's (9:00 m) Start 12/08/17 8:38 pm." eMAR for primidone b's initials on 12/09/17 at 9:00 her initials, LPN # 8's initials on m. and "(H [held])" under sinitials on 12/09/17 at 5:00 her initials. The eMAR thru 12/31/17 documented, (8:48 a.m.) by (LPN # 8) (17 12:41 PM (12:41 p.m.) by E. 12-09-17 04:43 PM (4:43 waiting pharmacy."	F	755			

l', '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495394	B. WING				C 15/2018
	ROVIDER OR SUPPLIER			9	STREET ADDRESS, CITY, STATE, ZIP CODE 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235	1 03/	15/2016
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	1	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPE DEFICIENCY)			(X5) COMPLETION DATE
F 755	revealed Resident # 7 primidone and rytary The of (Name of Phai 12/08/2017 and 12/07 documented the follow "Rytary 48.75-195 CA release). Date Shipp Received 12/9/2017. "Primidone 50 MG TA 12/9/2017. Date Received 12/9/2017. Date Received 12/9/2017. "Nuplazid 17 MG. Da Received 12/9/2017. On 03/15/18 at 7:50 a conducted with LPN a medications being avasked to describe the medications are not a "Look in the Omnicell the pharmacy. Usual them in a couple of he the medications were should be done. The decision of what to do the medication. I wou immediately." LPN # eMAR dated 12/01/2 nurse's notes dated 1 for Resident # 7. Wh was followed for the resident was resident was followed for the resid	s Omnicell (14) system 7's medications nuplazid, were not available. rmacy)'s manifest dated 10/2017 for Resident # 7 wing: APULE ER (extended ed 12/9/2017. Date 10:45 PM (p.m.)." ABLET. Date Shipped eived 12/9/2017. 10:45 PM te Shipped 12/9/2017. Date 10:45 PM (p.m.)."	F	755			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495394	B. WING			C / 15/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235	•	13/2016
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F 755	Continued From properties of the conducted with a seconducted with a seconducted with a seconducted with a seconducted on the conducted on the conducted with a seconducted with a secon	,	F 7	DEFICIENC		
	administration, AS should follow up wensure they receivexpect the medical physician if there the medications. system for medication the pharmacy shourse's notes or the informed of the absence of the should be should	SM # 2 stated, "The nurse with the pharmacy by phone to wed the faxed order and when to ations. Follow up with the is going to be a delay in getting They should check the Omnicell ations on hand. Contact with build be documented in the ne 24 hour report. ASM #2 was gove concern regarding esident # 7 not being available				

' '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	10000		9	STREET ADDRESS, CITY, STATE, ZIP CODE 101 BON AIR CROSSINGS DRIVE 3ON AIR, VA 23235	1 03/	15/2016	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		I	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPE DEFICIENCY)			(X5) COMPLETION DATE	
F 755	12-31-17 and the nur thru 12/16/17 did not pharmacy. ASM # 2 she would check the # 7 from 12/08/17 thr On 03/15/18 at 4:25 pursing informed this unable to locate any hour reports that the medication not being On 03/15/18 at approximate approximation of the above find and ASM # 2, directo aware of the above find for further information. Complaint Deficiency References: (1) Sepsis is an illnessevere, inflammatory other germs. The syncaused by the germs chemicals the body for This information was https://medlineplus.go. (2) Bleeding in the brown formation was obtain the properties of a blood winformation was obtain the properties of the properties o	R dated "12-01-17 thru se's notes dated 12/08/17 document notification to the did not comment but stated 24 hour report for Resident ough 12/16/17. Do.m. ASM # 2, director of surveyor that they were documentation of the 24 pharmacy was notified of the available for Resident # 7. Doximately 4:35 ASM member) # 1 administrator, or of nursing were made nding.	F	755				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		495394	B. WING			03/	15/2018
	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE 1101 BON AIR CROSSINGS DRIVE		
IIIL LAGI	KEED OF BOIL AIR			E	BON AIR, VA 23235		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 755	rydisease.html. (4) A type of moveme information was obtainttps://www.nlm.nih.g sease.html. (5) A loss of brain fundiseases. It affects m judgment, and behaviobtained from the well https://medlineplus.go. (6) High blood pressure obtained from the well https://www.nlm.nih.gessure.html. (7) Low potassium leve the amount of potassist than normal. This information the website: https://medlineplus.go. (8) Deficiency of oxygothe body. This information website: https://www.merriamoxia. (9) Cholesterol is a faryour body needs to we cholesterol can increase heart disease, stroke, medical term for high disorder, hyperlipident This information was	ent disorder. This ned from the website: lov/medlineplus/parkinsonsdi ction that occurs with certain emory, thinking, language, ior. This information was bsite: lov/ency/article/000739.htm.	F	755			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		495394	B. WING		03/15/2018	
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F 755	Continued From pag	ge 66	F 75	55		
	the website: https://www.nlm.nih. (11) Used alone or we control certain types class of medications works by decreasing in the brain. This infinite website: https://medlineplus.gtml.	gov/medlineplus/anemia.html with other medications to of seizures. Primidone is in a called anticonvulsants. It y abnormal electrical activity formation was obtained from gov/druginfo/meds/a682023.h				
	and delusions in peoper Parkinson's disease nervous system that movement, muscle or Pimavanserin is in a atypical antipsychoticativity of certain natural This information was	s used to treat hallucinations ople with psychosis from (PD; a disorder of the causes difficulties with control, and balance). class of medications called cs. It works by changing the tural substances in the brain. s obtained from the website: gov/druginfo/meds/a616032.h				
	symptoms of Parkins Parkinson's-like symencephalitis (swellinnervous system caupoisoning or mangal symptoms, including and slowness of moof dopamine, a naturate brain. Levodopa called central nervous	carbidopa is used to treat the son's disease and uptoms that may develop after g of the brain) or injury to the sed by carbon monoxide nese poisoning. Parkinson's tremors (shaking), stiffness, wement, are caused by a lack ral substance usually found in is in a class of medications as system agents. It works by lopamine in the brain.				

STATEMENT OF DEFICIENCI AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR S	UPPLIER	495394	D. WING		STREET ADDRESS, CITY, STATE, ZIP CODE	03/	15/2018
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THE EAGREES OF BO	N AIIX			E	BON AIR, VA 23235		
PREFIX (EAC	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD I TAG CROSS-REFERENCED TO THE APPROPR DEFICIENCY)			(X5) COMPLETION DATE	
decarboxy levodopa freaches the levodopa, vomiting. website: https://mettml. (14) Omning System is cabinet synneeded medication cabinet, we items. This website: https://www.utions_Forabinets.as F 842 Resident F CFR(s): 48 §483.20(f) (i) A facility resident-ind accordance agrees not except to the todo so.	is in a class lase inhibit from being the brain. The which cause this information of the brain of the case of the	is of medications called ors. It works by preventing broken down before it is allows for a lower dose of ies less nausea and ation was obtained from the ov/druginfo/meds/a601068.h tion and Supply Automation ted medication and supply ble remote dispensing at the point of care. Is can access most Omnicell medication stores up to 700 different on was obtained from the com/mts/Products_and_Soley/Automated_Dispensing_C dentifiable Information 483.70(i)(1)-(5) Int-identifiable information that is on the public. Ilease information that is on an agent only in intract under which the agent disclose the information he facility itself is permitted		842			4/25/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPE DEFICIENCY)			(X5) COMPLETION DATE
F 842	that are- (i) Complete; (ii) Accurately docum (iii) Readily accessibl (iv) Systematically org §483.70(i)(2) The factor all information contains regardless of the form records, except when (i) To the individual, or representative where (ii) Required by Law; (iii) For treatment, particular operations, as permit with 45 CFR 164.506 (iv) For public health neglect, or domestic activities, judicial and law enforcement purpour purposes, research properations are research properations. The by and in compliance §483.70(i)(3) The factor activities in compliance §483.70(i)(4) Medical for- (i) The period of time (ii) Five years from the there is no requirement.	ented; e; and ganized ility must keep confidential ned in the resident's records, n or storage method of the release is- retheir resident permitted by applicable law; yment, or health care ted by and in compliance ; activities, reporting of abuse, violence, health oversight administrative proceedings, poses, organ donation urposes, or to coroners, uneral directors, and to avert alth or safety as permitted with 45 CFR 164.512. ility must safeguard medical rainst loss, destruction, or I records must be retained required by State law; or e date of discharge when ant in State law; or ars after a resident reaches	F	842			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	PLE CONSTRUCTION		TE SURVEY MPLETED
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F 842	(i) Sufficient informat (ii) A record of the red (iii) The comprehens provided; (iv) The results of any and resident review of determinations condit (v) Physician's, nurse professional's progre (vi) Laboratory, radio services reports as re This REQUIREMENT by: Based on staff intervand clinical record red the facility staff failed accurate clinical record residents in the surve #7. 1.a. The facility staff #2's blood sugars and administered to the red occasions in December 1.b. The facility staff #2's meal intake on red December 2017. 2. The facility staff faresident # 7's eMAR administration record unavailable. The findings include:	edical record must contain- ion to identify the resident; sident's assessments; ive plan of care and services y preadmission screening evaluations and ucted by the State; e's, and other licensed ss notes; and logy and other diagnostic equired under §483.50. T is not met as evidenced riew, facility document review view, it was determined that to maintain a complete and ord for two of eleven ey sample, Residents #2 and failed to document Resident d how much insulin was esident on multiple per 2017. failed to document Resident	F 84	F842 Resident#7 no longer resides facility. Resident #2's blood sinsulin administration and metabeing documented on appropagate appropriate admissions from the last 30 directed by this practice, all neadmissions from the last 30 directed by this practice. All receiving their medication as a residents with Physician order monitoring have the potential affected by this practice. All receiving sliding scale insulin the potential to be affected by practice. Current residents who meals by mouth have the potential to be affected by this practice. Licensed Nurses will be educed DON/designee regarding blood insulin documentation, meal in documentation and EMAR documentation. DON/designee morning clinical meeting to compositoring of insulin orders. by	sugars, al intake is riately. potential to ew ays are ordered. All rs for BP to be esidents orders have this no receive ential to be ated by od sugar and intake ee during onduct quality	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODI 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235		
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F 842	administered to the re occasions in December Cocasions in December	d how much insulin was esident on multiple eer 2017. Initted to the facility on ed on 3/30/11. Resident #2's ut were not limited to high etes and anxiety disorder. Excent MDS (minimum data esiment with an ARD ete date) of 2/23/18, coded on as severely impaired. It is clinical record revealed a ed 10/16/17 that effor Humalog insulin (1) to sliding scale (a certain en based on the resident's ale was one unit for a blood ewo units for a blood sugar of 301 to lood sugar of 401 to 450 and six er greater than 451. The ented, "give after meals only the administered (10:00 and ented documented sections with a be administered (10:00 and enter was no note. Resident not recorded and there was	F 84	documentation, meal intake documentation, insulin admini EMAR documentation weekda weeks, then weekly for 2 weel Findings to be communicated committee monthly and as ind Quality monitoring schedules modified based on findings. A corrective action or education provided as needed.	ays for 2 ks. to the QAPI licated. will be additional	

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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235	1 33/10/2010	
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F 842	administered insuling On 12/7/17 at 7:00 initials and "note." sugar of 348 but fai insulin was administered insulin was administered. On 12/8/17 at 2:00 initials and "note." [medication] given" Resident #2's blood was administered. On 12/8/17 at 7:00 initials and "note." (Blood Sugar) 301 inote failed to document administered. On 12/9/17 at 10:00 initials and "note." #2's blood sugar was no documentation a administered insuling On 12/10/17 at 10:00 documented initials note. Resident #2's	p.m., the nurse documented The note documented a blood led to document how much tered. p.m., the nurse documented The note documented, "med but did not document I sugar or how much insulin p.m., the nurse documented The note documented, "BS ATE 75% OF MEAL." The nent how much insulin was o a.m., the nurse documented There was no note. Resident as not recorded and there was as to if the resident was a and/or how much. o a.m., the nurse and "note." There was no a blood sugar was not	F 84	,		
	the resident was ad much. On 12/10/17 at 2:00 initials and "note." given" but did not d sugar or how much Review of additiona	was no documentation as to if Iministered insulin and/or how p.m., the nurse documented The note documented, "med ocument Resident #2's blood insulin was administered. If nurses' notes failed to reveal desident #2's blood sugars or				

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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235	03/13/2018	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETIO	
F 842	insulin administratio On 3/14/18 at 1:08 a conducted with LPN LPN #4 was asked ware documented. List blood sugars on the administration recornasked if residents' by of sliding scale insul documented, LPN # likely." On 3/14/18 at 4:02 proconducted with LPN Resident #2 on som #5 was asked where should be documented the accuchecks (blo asked if he meant or "Yes." LPN #5 was blood sugars and the administered to the documented on the Yes. I'm not sure. I'm not sure. I'm not sure. I'm computer) system. (the current computer pops up but that did stated he did docum Resident #2, how m was given, on report On 3/14/18 at 4:08 proconducted with ASM member) #2 (the dir (the regional quality #2 and ASM #3 state handed off each shift	a.m., an interview was (licensed practical nurse) #4. where residents' blood sugars PN #4 stated she documents MAR (medication d) and report sheet. When lood sugars and the amount in given should be 4 stated, "Yeah. More than b.m., an interview was #5, (a nurse who cared for e of the above dates). LPN e residents' blood sugars ted. LPN #5 stated, "Under od sugar checks)." When in the MAR, LPN #5 stated, made aware Resident #2's e amount of insulin resident were not always MAR. LPN #5 stated, "Well We were on the other It was different than PCC er system). Now everything in't happen then." LPN #5 leent the blood sugars, for uch insulin was given, if any	F 84	42		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 842	regional manager) we above findings. The facility document GUIDELINES" failed regarding blood sugared. No further information (1) Humalog insulin is used to treat diabetes obtained from the we https://medlineplus.got. tml 1.b. The facility staff from the well for the staff of	m., ASM #1 (the #2, ASM #3 and ASM #4 (the ere made aware of the retitled, "DOCUMENTATION to document information r and insulin documentation." In was presented prior to exit. Is an injectable medication as. This information was besite: Dov/druginfo/meds/a697021.h If ailed to document Resident foultiple occasions in It is a poor to exit. If ailed to document Resident foultiple occasions in It is a poor to exit. If ailed to document Resident foultiple occasions in It is a poor to exit. If ailed to document Resident foultiple occasions in It is a poor to exit. If a poor	F	842			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
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THE LAUI	RELS OF BON AIR			В	SON AIR, VA 23235		
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F 842	#5. CNA #5 was asked document resident ment and snack into meal on his shift and [activities of daily living on 3/14/18 at 5:07 p. staff member) #1 (the director of nursing quality assurance manager) we above findings. The facility document GUIDELINES" failed regarding meal intakents.	unch and dinner ind lunch unch and dinner unc	F	842			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	LE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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F 842	Continued From pag	e 75	F 84	2	
	Resident # 7's eMAF administration record unavailable. Resident # 7 was ad	ailed to accurately code R (electronic medication d) for medications that were mitted on 12/08/17 with			
	sepsis (1), intracrani artery disease (3), P	ded but were not limited to: al hemorrhage (2), coronary arkinson's (4), dementia (5) bokalemia (7), hypoxia (8), nd anemia (10).			
	set), a 5 (five) - day (assessment referent Resident # 7 as scorinterview for mental (zero) - 15, 14 being daily decisions. Res requiring extensive a	status (BIMS) of a score of 0 cognitively intact for making ident # 7 was coded as assistance of one staff s for ADLs (activities of daily			
		nt # 7 documented, "ACTIVE 10/17" Further review of the			
	once per day (9:00 a	G TABLET TWO TAB oral m) for psychosis with noted on 12/08/17 8:26 pm			
	"Pramipexole (11) 0.	5 MG (milligrams) TABLET			

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F 842	ONE TAB (tablet) or daily (9:00 am., 2:00 noted on 12/08/17 imes a daily take w am, 1:00 pm, 5:00 pm by (Name of Nu "Rytary (14) 48.75 NCAPS (capsules) be (7:30 am, 11:30 am, Parkinson's noted of Nurse)." "Sertraline (15) HCL TABLET. ONE AND per day (9:00 am) d 8:44" pm by (Name "Tamsulosin (16) HCCAP oral once per of prostatic hypertroph 8:45" pm by (Name The eMAR (electror record) dated "12-0 Resident # 7 docum - "Nuplazid 17 MG per day (9:00 am) for disease Start 12/08/ of the eMAR for nup [licensed practical in 12/09/17 at 9:00 a.m. initials. The eMAR resident in the emater of t	al (by mouth) three times a pm, 9:00 pm) Parkinson's 3:37 pm by (Name of Nurse)." MG TABLET ONE TAB three ith meals. Parkinson's (9:00 pm) noted on 12/08/17 8:38 rse)." MG - 195 MG CAPSULE TWO refore meals and at bedtime at 3:30 pm, 9:00 pm) an 12/08/17 8:41 pm by (Name at 3:30 pm, 9:00 pm) an 12/08/17 8:41 pm by (Name at 3:30 pm, 9:00 pm) an 12/08/17 reformed at 3:30 pm, 9:00 pm) an 12/08/17 reformed at 3:30 pm, 9:00 pm) an 12/08/17 reformed at 3:30 pm, 9:00 pm an 12/08/17 reformed at 3:30 pm, 9:00 pm and 12/08/17 reformed at 4:30 pm, 9:00 pm and 12/08/17 reformed at 4:30 pm, 9:00 pm, 9:	F8	42			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495394	B. WING			С	
NAME OF P	ROVIDER OR SUPPLIER	493394	D. WING		STREET ADDRESS, CITY, STATE, ZIP CODE	03/	15/2018
NAME OF T	NOVIDEN ON OOF FEIEN				0101 BON AIR CROSSINGS DRIVE		
THE LAUF	RELS OF BON AIR				BON AIR, VA 23235		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 842	ONE TAB (tablet) ora daily (9:00 am, 2:00 p Start 12/08/17 8:37 p eMAR for pramipexol initials on 12/09/17 at her initials. The eMA 12/31/17documented a.m.) NOT HERE." - "Primidone 50 MG times a daily take with am, 1:00 pm, 5:00 pm Further review of the documented LPN # 8 a.m. and "(A)" under notes dated 12/01/17 "12-09-17 08:48 AM (NOT HERE." Review of the facility's dated 12/08/17 throug Resident # 7 was in the codes of "ASM # 3 stated, "H is was held, R is refused by the reside absent, the resident with receive the medication nurse's note on the element of the conducted with Lement of the conducted with Lement of the conducted with Lement of the codes of	IG (milligrams) TABLET I (by mouth) three times a om, 9:00 pm) Parkinson's m." Further review of the e documented LPN # 8's 9:00 a.m. and "(A)" under R notes dated 12/01/17 thru , "12-09-17 08:48 AM (8:48 TABLET ONE TAB three n meals. Parkinson's (9:00 n) Start 12/08/17 8:38 pm." eMAR for primidone 's initials on 12/09/17 at 9:00 her initials. The eMAR thru 12/31/17 documented, (8:48 a.m.) by (LPN # 8)	F	842			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPL A. BUILDING	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		495394	B. WING		0:	C 3/15/2018		
	ROVIDER OR SUPPLIER		,	STREET ADDRESS, CITY, STATE, ZIP CODE 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235	·			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
F 842	and (R); "H" is held, held, "R" is refused, by the resident for wabsent, the resident receive the medicati asked if the initials (the 7:00 a.m. to 3:00	ge 78 ne eMAR coding of "(A), (H) means the medication was the medication was refused whatever reason, and "A" is was not in the facility to ion, LPN # 8 agreed. When Two Capital Letters) during 0 p.m. shift documented on ent # 7 dated 12/09/17 were	F 842	2				
	hers, LPN # 8 stated the coding on the Do Resident # 7 under coded "A" for the ad	d, "Yes." When informed of ecember 2017 eMAR for her initials on 12/09/17 was Iministration of nuplazid, midone, LPN # 8 stated, "It's						
	conducted with ASM member) # 2, direct the meanings of the and reviewing the D Resident # 7, ASM a letter "A" for the adm	p.m., an interview was I (administrative staff or of nursing. After reviewing eMAR codes "H, R and A" ecember 2017 eMAR for # 2 agreed the coding of the ninistration of nuplazid, midone was inaccurate.						
	(administrative staff	roximately 4:35 ASM member) # 1 administrator, or of nursing were made finding.						
	References: (1) Sepsis is an illne severe, inflammator other germs. The second control of the second control o	ess in which the body has a y response to bacteria or ymptoms of sepsis are not s themselves. Instead,						
	chemicals the body	releases cause the response. s obtained from the website:						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495394	B. WING			C 03/15/2018	
	ROVIDER OR SUPPLIER	10000		9	STREET ADDRESS, CITY, STATE, ZIP CODE 1101 BON AIR CROSSINGS DRIVE 3ON AIR, VA 23235	1 03/	15/2016
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 842	(2) Bleeding in the br. (rupture) of a blood vinformation was obtain http://pacificschoolse 0796.htm. (3) A common type of information was obtain https://www.nlm.nih.grydisease.html. (4) A type of movemer information was obtain https://www.nlm.nih.grydisease.html. (5) A loss of brain fundiseases. It affects migudgment, and behave obtained from the ween https://medlineplus.go. (6) High blood pressure obtained from the ween https://www.nlm.nih.gressure.html. (7) Low potassium let the amount of potass than normal. This information website: https://medlineplus.go.	bov/ency/article/000666.htm. ain caused by the breaking essel in the head. This ined from the website: rver.org/med/ency/article/00 If heart disease. This ined from the website: pov/medlineplus/coronaryarte ant disorder. This ined from the website: pov/medlineplus/parkinsonsdi action that occurs with certain emory, thinking, language, ior. This information was bsite: pov/ency/article/000739.htm.	F	842			

PRINTED: 04/26/2018 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER		•	9	STREET ADDRESS, CITY, STATE, ZIP CODE 0101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 842	your body needs to we cholesterol can increat heart disease, stroke medical term for high disorder, hyperlipiden This information was https://medlineplus.go (10) Low iron. This inthe website: https://www.nlm.nih.go (11) Used alone or withe symptoms of Park disorder of the nervoid difficulties with mover balance), including striffness, slowed move balance. Pramipexole restless legs syndrom causes discomfort in to move the legs, espitting or lying down), medications called do by acting in place of cubstance in the brain movement. This information in the website: https://medlineplus.go tml.	at (also called a lipid) that work properly. Too much bad ase your chance of getting, and other problems. The blood cholesterol is lipid mia, or hypercholesterolemia. obtained from the website: ov/ency/article/000403.htm. formation was obtained from pov/medlineplus/anemia.html at the other medications to treat kinson's disease (PD; a sus system that causes ment, muscle control, and making of parts of the body, wements, and problems with a is also used to treat the (RLS; a condition that the legs and a strong urge precially at night and when Pramipexole is in a class of opamine agonists. It works	F	842			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIF	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
		495394	B. WING	B. WING		C 03/15/2018	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 842	Continued From page	e 81	F 84	12			
	the website: https://medlineplus.g tml. (13) Pimavanserin is and delusions in peo Parkinson's disease nervous system that movement, muscle of Pimavanserin is in a atypical antipsychotic activity of certain nate This information was	ov/druginfo/meds/a682023.h used to treat hallucinations ple with psychosis from (PD; a disorder of the causes difficulties with ontrol, and balance). class of medications called es. It works by changing the ural substances in the brain. obtained from the website: ov/druginfo/meds/a616032.h					
	symptoms of Parkins Parkinson's-like symplencephalitis (swelling nervous system caus poisoning or mangan symptoms, including and slowness of movof dopamine, a naturathe brain. Levodopa called central nervou being converted to de Carbidopa is in a class decarboxylase inhibit levodopa from being reaches the brain. The levodopa, which caus vomiting. This inform website:	otoms that may develop after of the brain) or injury to the sed by carbon monoxide ese poisoning. Parkinson's tremors (shaking), stiffness, ement, are caused by a lack all substance usually found in as in a class of medications in a class of medications in a class of medications in the brain. It works by opamine in the brain. It works by preventing broken down before it has allows for a lower dose of					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		495394	B. WING			03/	15/2018
	ROVIDER OR SUPPLIER			9	TREET ADDRESS, CITY, STATE, ZIP CODE 101 BON AIR CROSSINGS DRIVE SON AIR, VA 23235		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 842	thoughts that won't go perform certain action attacks (sudden, unerfear and worry about posttraumatic stress of psychological symptor frightening experience disorder (extreme fear or performing in front normal life). It is also symptoms of premenincluding mood swing breast tenderness. So antidepressants caller euptake inhibitors (Sincreasing the amoun substance in the brain balance. This information website: https://medlineplus.go tml. (16) Used in men to the enlarged prostate (be BPH) which included dribbling, weak streamentying), painful uring frequency and urgency of medications called relaxing the muscles so that urine can flow was obtained from the	pression, and the need to as over and over), panic expected attacks of extreme these attacks), disorder (disturbing these attacks), disorder (disturbing these attacks), disorder (disturbing the structure of interacting with others of others that interferes with used to relieve the estrual dysphoric disorder, as, irritability, bloating, and certraline is in a class of diselective serotonin SRIs). It works by the of serotonin, a natural in that helps maintain mental action was obtained from the cov/druginfo/meds/a697048.h The eat the symptoms of an enign prostatic hyperplasia or difficulty urinating (hesitation, and incomplete bladder in a class alpha blockers. It works by in the prostate and bladder in easily. This information	F	842			